



National Resource Center on Homelessness and Mental Illness

Homelessness Prevention

September 2004

*Resources listed herein are a selection of materials available on this topic. Many are available from your local library or inter-library loan. Unless otherwise noted, all other materials are available from the National Resource Center on Homelessness and Mental Illness. Photocopying charges are \$.10 per page; make checks payable to **Policy Research Associates, Inc.** If you have difficulty locating any of the materials listed in this bibliography, please contact the Resource Center at the phone number or e-mail address below.*

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Order #: 12908

Authors: Adair, C., McDougall, G., Beckie, A., Joyce, A., Mitton, C., Wild, C., Gordon, A., Costigan, N.

Title: **History and Measurement of Continuity of Care in Mental Health Services and Evidence of Its Role in Outcomes.**

Source: Psychiatric Services 54(10): 1351-1356, 2003. (Journal Article: 5 pages)

Abstract: The objective of this study was to provide a brief history of the concept of continuity of care, to update evidence of its association with patient outcomes, and to identify optimal characteristics of a continuity-of-care instrument. Articles describing recent (1990 to 2002) empirical work on continuity of care were drawn from a broader set of 305 articles about continuity of care that were obtained from a systematic literature search. The authors state the literature shows that ideas about continuity of care have changed in concert with general service delivery changes over the decades. Since 1997, only eight studies have used operationally defined measures either to describe continuity of care in mental health services or to examine the association of continuity of care with outcomes for adults with severe and persistent mental illness. Only three groups of researchers have published articles on development of continuity-of-care measures. According to the authors, there is little evidence that continuity of care results in better client outcomes, which may be primarily attributable to the underdevelopment of measures. Measurement of continuity of care must become more sophisticated before key questions about the association of continuity of care with outcomes can be examined and before the effectiveness of interventions designed to improve continuity of care can be rigorously evaluated (authors).

Order #: 13504

Authors: American Association of Community Psychiatrists.

Title: **Continuity of Care Guidelines for Addictions and Co-Occurring Disorders.**

Source: Dallas, TX: American Association of Community Psychiatrists, 2001. (Guidelines: 5 pages)

Abstract: This document presents general principles for developing transition plans for persons with addictions who are in treatment and are moving from one level of care to another. The authors assert that these guidelines can offer a framework for thinking about planning in a methodical and comprehensive way, and that they may provide a template for standard development regarding transitions in specific circumstances throughout the drug and alcohol service system (authors).

Available From: American Association of Community Psychiatrists, P.O. Box 570218, Dallas, TX 75228, (972) 613-0985, www.comm.psych.pitt.edu/finds/AddictionCOCGuidelines.pdf.

Order #: 13503

Authors: American Association of Community Psychiatrists.

Title: **Continuity of Care Guidelines: Best Practices for Managing Transitions Between Levels of Care.**

Source: Dallas, TX: American Association of Community Psychiatrists, 2001. (Guidelines: 9 pages)

Abstract: These guidelines were prepared to assist providers and planners in establishing standards for the management of transitions between levels of care, and are intended to provide a quality management framework by which systems of any type can continuously monitor and improve their processes for managing client transitions. The authors assert that the continuing engagement with treatment and recovery services is one of the most important aspects of addressing an episode of illness or ongoing disabilities associated with severe behavioral health problems. The authors also state that interruption of care, for whatever reason, is among the most significant obstacles to establishing a stable recovery, and it is in response to these circumstances that these guidelines were created (authors).

Available From: American Association of Community Psychiatrists, P.O. Box 570218, Dallas, TX 75228, (972) 613-0985, www.comm.psych.pitt.edu/finds/COG.DOC

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Order #: 13505

Authors: American Association of Community Psychiatrists.

Title: **Continuity of Care Guidelines for Recovery Oriented Services.**

Source: Dallas, TX: American Association of Community Psychiatrists, 2003. (Guidelines: 12 pages)

Abstract: According to the authors, these guidelines are intended to facilitate the transformation to recovery-oriented services and to provide direction to organizations or systems that are engaged in this process. The guidelines are divided into three domains of service systems: administration, treatment, and supports, each composed of several elements. Recovery-enhancing characteristics for each of these elements are described and suggestions for measurement of achievement/progress in each of these areas is included (authors).

Available From: American Association of Community Psychiatrists, P.O. Box 570218, Dallas, TX 75228, (972) 613-0985, www.comm.psych.pitt.edu/finds/ROSGuidelines.pdf.

Order #: 3047

Authors: American Hospital Association.

Title: **Complex Discharge Planning: Strategies for Hospital, Consumer, and Community Partnerships.**

Source: Chicago, IL: American Hospital Association, 1991. (Monograph: 20 pages)

Abstract: This monograph provides guidance on how hospitals can effectively and compassionately address patient care situations including appropriate discharge planning. It is designed: as a tool for strategic planning, especially for senior management and discharge planning coordinators; as a means of educating governing bodies, discharge planners, other hospital personnel, and the community; as an aid to hospital staffs in examining their own systems; and as a guide in developing creative ways to meet patient care needs through hospital, consumer, and community collaboration (authors).

Available From: American Hospital Association, One North Franklin, Chicago, Illinois 60606, (312) 422-3000, www.hospitalconnect.com.

Order #: 12228

Authors: American Planning Association.

Title: **Policy Guide on Homelessness.**

Source: Washington, DC: American Planning Association, 2003. (Report: 11 pages)

Abstract: This set of policy positions delineates the role of local and regional planners in preventing and ending homelessness at both the local and national levels. Examples of the policy positions that the American Planning Association (APA) has adopted include: planners should ensure that local comprehensive plans include elements that address housing issues, such as homelessness; local planners should coordinate local land use plans with federally mandated housing and community development plans, such as HUD Consolidated Plans and Continuum of Care strategies; APA should develop materials and promote activities to identify and remove barriers to affordable housing, such as those caused by zoning and subdivision regulations; APA should work with Planning Commissioners and elected officials to develop tools to circumvent efforts based on prejudice and fears concerning property values that thwart housing for homeless people and special needs populations; APA should support the establishment of national, state, regional and/or local housing trust funds with a permanently dedicated source of public revenue to support the production and preservation of affordable housing.

Available From: American Planning Association, 1776 Massachusetts Avenue, NW, Washington, DC 20036-1904, (202) 872-0611, www.planning.org/policyguides/homelessness.htm

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Order #: 11668

Authors: Arapahoe House.

Title: PROUD Homelessness Prevention Project: Final Report.

Source: Thornton, CO: Arapahoe House, 2000. (Report: 125 pages)

Abstract: This is the final report of the Program to Reduce Over-Utilization of Detoxification (PROUD). The Arapahoe House Homelessness Prevention Project was part of the Collaborative Project to Prevent Homelessness. PROUD assisted people using detoxification facilities to meet their needs for shelter and were not benefiting from substance abuse services. The clients served by PROUD were primarily homeless individuals with severe substance abuse problems who were sporadically employed. These individuals were often seriously disabled by their substance abuse and accompanying mental or physical health problems. The program used creative approaches to motivate people for treatment and helped them with basic needs such as housing and access to medical care. The goal of PROUD was to reduce their utilization of detoxification facilities, reduce their use of substances, and improve their housing and employment status. The program appears to have significantly reduced the number of episodes of subsequent detox in comparison to the usual care condition (authors).

Available From: Arapahoe House, 8801 Lipan Street, Thornton, CO 80260, (303) 657-3700, info@ahinc.org, <http://www.arapahoehouse.org>.

Order #: 7061

Authors: Arapahoe House.

Title: Project PROUD/Homelessness Prevention Study Case Manager's Intervention Handbook.

Source: Thornton, CO: Arapahoe House, 1997. (Manual: 75 pages)

Abstract: This manual documents Arapahoe House's intensive case management homelessness prevention program. Arapahoe House successfully bid for a contract to implement and evaluate the Project to Reduce Over-Utilization of Detoxification Services (PROUD) in the state of Colorado. The model designed by Arapahoe House consists of an intensive case management intervention in which a team of case managers works in pairs or dyads with chronic users of detoxification services. These individuals are characterized by severe substance use disorders, and, in at least half the cases, serious mental illness. The population also includes those who are homeless, those at-risk of becoming homeless, and those formerly homeless. Intended outcomes of the program include reduction in subsequent use of detoxification services, and homelessness prevention. This manual describes the model itself and case management strategies used.

Order #: 5953

Authors: Argentine, P.

Title: A Healing Place.

Source: Boston, MA: Fanlight Productions, 1996. (Videotape: 23 minutes)

Abstract: This video profiles the staff and residents of William and Mildred Orr Compassionate Care Center, a respite program for homeless and elderly patients who have been released from the hospital, but who are not yet able to manage their own follow-up care on the streets or in their homes. The program documents a humane and effective solution to a growing problem as economic constraints push hospitals to discharge patient "quicker and sicker."

Available From: Fanlight Productions, 4196 Washington Street, Suite 2, Boston, MA 02131, (617) 469-4999, orders@fanlight.com, www.fanlight.com. (COST: \$41.95/purchase; \$60-70/rent).

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Order #: 7027

Authors: Averyt, J.M., Kuno, E., Rothbard, A., Culhane, D.

Title: **Impact of Continuity of Care on Recurrence of Homelessness Following an Acute Psychiatric Episode.**

Source: Philadelphia, PA: Center for Mental Health Policy and Services Research, University of Pennsylvania, 1997. (Report: 19 pages)

Abstract: This paper examines the effectiveness of outpatient services delivered to people within 30 days of discharge from a psychiatric hospitalization. The sample consisted of 150 homeless adults with mental illness who were shelter users in the Philadelphia area. The study assessed the re-occurrence of homelessness following hospital discharge. Findings suggest that prompt connection with aftercare services was effective in reducing homelessness for people who used the shelter system a single time in the year prior to their psychiatric hospitalization. For repeated users of the shelter system, the recurrence of homelessness was not correlated to timely outpatient services following hospital discharge. The authors conclude this study to suggest that continuity of care is instrumental in preventing future homelessness among a portion of the homeless mentally ill population. For homeless mentally ill people with recent histories of repeated shelter use, greater diversity and intensity of outpatient services are necessary (authors).

Order #: 11695

Authors: Banks, S., McHugo, G.J., Williams, V., Drake, R.E., Shinn, M.

Title: **A Prospective Meta-Analytic Approach in a Multisite Study of Homelessness Prevention.**

Source: New Directions for Evaluation (94)45-58, 2002. (Journal Article: 14 pages)

Abstract: This article focuses on The Collaborative Program to Prevent Homelessness, a multisite study designed to identify promising approaches to preventing homelessness among persons with substance abuse and mental disorders and to explore the relative effectiveness of these approaches. The article discusses this multisite study designed to explore the relative differences of several interventions developed to ameliorate homelessness among persons with mental illness and substance abuse disorders. The authors describe an innovative, prospective meta-analytic approach to the analysis of multisite data when cross-site variation does not allow for the pooling of data (authors).

Order #: 8105

Authors: Barr, H.

Title: **Prisons and Jails: Hospitals of Last Resort. The Need for Diversion and Discharge Planning for Incarcerated People with Mental Illness in New York.**

Source: New York, NY: The Correctional Association of New York and The Urban Justice Center, 1999. (Report: 54 pages)

Abstract: This article states that deinstitutionalization and the closing of psychiatric hospitals, the rise of managed care, the growth of prisons and jails, and punishment of "quality of life" crimes have contributed to the incarceration of thousands of people with mental illness in New York City and New York State. This report examines the scope of the problem and recommends strategies which, if implemented, would lead to a more humane and sensible system. In such a system, seriously mentally ill minor offenders would be diverted to treatment rather than sent to jail, and prisoners requiring mental health services would be able to continue their treatment as they moved between correctional facilities and the community. The author states these strategies have the potential to be safer and cheaper for the community while providing better care for people with mental illness (author).

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Order #: 13484

Authors: Barth, R.

Title: **On Their Own: The Experiences of Youth After Foster Care.**

Source: Child and Adolescent Social Work Journal 7(5): 419-440, 1990. (Journal Article: 21 pages)

Abstract: In this article, the author studies the experiences of fifty-five former foster youth in San Francisco Bay Area, including Sacramento, who have been emancipated from one to ten years. The author found that members of the group were often struggling with ill health, poor education, severe housing problems, substance abuse, and criminal behavior. The article states that a sizable number of the group suffered from headaches, dental, vision, weight, sleeping, drug or alcohol, sexual and hearing problems, depression, loneliness, thoughts of suicide, and vomiting, but only about one-third of those affected obtained treatment. The author concludes that the odds of moving easily into independence are stacked against foster children, and that foster youth need academic remediation and demonstrated problems in such areas as self-control, managing home and school learning demands, and peer and adult relationships (author).

Order #: 9941

Authors: Bazelon Center for Mental Health Law.

Title: **Finding the Key to Successful Transition from Jail to Community.**

Source: Washington, DC: Bazelon Center for Mental Health Law, 2001. (Guide: 10 pages)

Abstract: This guide is an explanation of the federal disability programs' complex and interrelated rules and some options for state and local officials to use them more effectively. It is designed to contribute to the development of a more appropriate system of care for individuals with serious mental illnesses and to reduce recidivism. This is an important part of an effective solution to ensure that people with serious mental illness are connected with appropriate community agencies as they are released, and are enrolled in the federal entitlement programs that they need to support themselves: federal disability payment programs and health coverage through Medicaid and Medicare.

Order #: 8861

Authors: Bebout, R., McHugo, G.J., Cleghorn, J.S., Harris, M., Xie, H., Drake, R.E.

Title: **The DC Homelessness Prevention Project: A Study of Housing and Support Models for Mentally Ill Individuals at Risk for Homelessness: Final Report.**

Source: Rockville, MD: Substance Abuse and Mental Health Services Administration, 2001. (Report: 56 pages)

Abstract: This study compared two contrasting approaches to linking housing and intensive case management services for adults with severe mental illness who were at risk for homelessness. The Continuum Housing Model provided a range of housing options, with varying amounts of staff supports and congregate living, that was controlled by the same agency that provided mental health services. The Supported Housing model provided 24-hour housing supports for clients who were in independent housing, controlled by private landlords, on the open market. Results showed that clients in the Continuum Housing program were more likely to be in stable housing throughout the 18-month follow-up, and that they also reported fewer psychiatric symptoms and higher life satisfaction.

Available From: Substance Abuse and Mental Health Services Administration, 1 Choke Cherry Road, Rockville, MD 20857, www.samhsa.gov.

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Order #: 7779

Authors: Bebout, R.R.

Title: **Housing Solutions: The Community Connections Housing Program: Preventing Homelessness By Integrating Housing and Supports.**

Source: Alcohol Treatment Quarterly 17(1/2): 93-112, 1999. (Journal Article: 20 pages)

Abstract: This article describes the key features of a comprehensive housing program serving formerly homeless and at-risk adults with serious and persistent mental illness. The program combines intensive case management, integrated dual diagnosis treatment, and other clinical services with a range of housing options which are operated under the auspices of a single agency. For individuals with co-occurring substance use disorders, housing responses are guided by a four stage model of treatment and recovery. The authors offer a rationale for the continuum approach's relevance for high risk populations, especially those in poor urban settings where safety and harm reduction are a high priority (authors).

Order #: 7748

Authors: Belcher, J.R.

Title: **Discharge Planning.**

Source: Delmar, NY: National Resource Center on Homelessness and Mental Illness, 1997. (Unpublished Paper: 36 pages)

Abstract: This paper addresses discharge planning for individuals with serious mental illness. The goal of effective discharge planning is to assist these individuals to live life to their maximum potential and to avoid becoming homeless or criminalized. The paper examines some of the key elements of discharge planning and explores the principal components of a comprehensive discharge system. The paper addresses: comprehensive assessment, the necessary participants in the planning process, the timing of services, the need for substance abuse treatment, cost and the need for cost controls, legal issues, and the support gained by individuals with serious mental illness from informal support networks. Finally, the author suggests a model of effective discharge planning (author).

Order #: 5828

Authors: Belcher, J.R.

Title: **Moving Into Homelessness After Psychiatric Hospitalization.**

Source: Journal of Social Service Research 14(3/4): 63-77, 1991. (Journal Article: 15 pages)

Abstract: The author describes a six-month follow-up study of 132 former patients of a state hospital. The study examines persons who become homeless and compares characteristics with the persons who do not become homeless. A quantitative and qualitative approach is used to document the process of homelessness that occurs after psychiatric hospitalization. A set of policy options seeking to respond to the special needs of homeless persons who have mental illnesses is presented (author).

Order #: 13181

Authors: Beyond Shelter, Inc.

Title: **Housing First: Ending and Preventing Family Homelessness.**

Source: Los Angeles, CA: Beyond Shelter, Inc., 2003. (Program Description: 6 pages)

Abstract: This program description highlights Beyond Shelter, Inc., an organization which implements a housing-first approach to ending homelessness. It has assisted more than two thousand families who are homeless to rebuild their lives through affordable housing in residential neighborhoods throughout Los Angeles county. The process by which families are served, research design, demographics and findings of housing-first research, in correlation with Beyond Shelter, Inc., organization are also discussed (authors).

Available From: Beyond Shelter, Inc., 520 South Virgil Avenue, Los Angeles, CA 90020, (213) 252-0772, www.beyondshelter.org.

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Order #: 13551

Authors: Black, K., Cho, R.

Title: **New Beginnings: The Need for Supportive Housing for Previously Incarcerated People.**

Source: New York, NY: Corporation for Supportive Housing, 2004. (Report: 62 pages)

Abstract: This report examines the housing needs of formerly incarcerated people, particularly those with special needs, and presents a national survey of existing models of re-entry housing. This publication will assist conversations already underway in New York and around the country on the tremendous need for and promise of supportive housing for ex-offenders. Making supportive housing - affordable housing combined with needed support services - available and easy to access has proven a successful strategy for reducing and preventing criminal recidivism and homelessness in places throughout the country (authors).

Available From: Corporation for Supportive Housing, 50 Broadway, 17th Floor, New York, NY 10004, (212) 986-2966, information@csh.org, www.csh.org

Order #: 13485

Authors: Blome, W.

Title: **What Happens to Foster Kids: Educational Experiences of a Random Sample of Foster Care Youth and a Matched Group of Non-Foster Care Youth.**

Source: Child Adolescent Social Work 14(1): 41-53, 1997. (Journal Article: 12 pages)

Abstract: In this article, the author investigates the high school and post high school educational experiences of 167 youths formerly in foster care using longitudinal data from the U.S. Department of Education's 1980 High School and Beyond survey and its three follow-ups. The article states that results show foster youth had a more than double high school drop-out rate and a lower general equivalency diploma completion rate, and that foster youths had less financial support than those in the control group. The author asserts that more discipline problems, educational disruption as a result of school changes, and less assistance with homework from guardians were reported with foster youth than the control group (author).

Order #: 3341

Authors: Breakey, W.R., Fischer, P.J.

Title: **Mental Illness and the Continuum of Residential Stability.**

Source: Social Psychiatry and Psychiatric Epidemiology 30: 147-151, 1995. (Journal Article: 5 pages)

Abstract: This article discusses the importance of the prevention of homelessness among persons with serious mental illnesses. The authors describe a continuum of residential stability. At the lowest extreme of the continuum are those people who are chronically homeless and alienated from conventional community life -- street people -- who cause the most concern both to the public and to mental health providers because of their high visibility and the frequency with which they display florid psychiatric symptoms. The midrange of the continuum includes many people in which homelessness represents a crisis that can be relatively easily overcome with only a little help. The high end comprises those who have permanent and satisfactory housing. Thus, one indicator of the success of a community mental health service is the extent to which its clients are at, or move toward, the stable end of the continuum. The authors contend that one of the goals of continued research concerning homelessness and mental illness should be to develop a method to identify individuals at risk of homelessness and a set of actions to take when, or before, a housing crisis develops (authors).

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Order #: 13683

Authors: Bullis, M., Yovanoff, P., Mueller, G., Havel, E.

Title: Life on the "Outs" - Examination of the Facility-to-Community Transition of Incarcerated Youth.

Source: Exceptional Children 69(1): 7-22, 2002. (Journal Article: 19 pages)

Abstract: This article summarizes the results of the Transition Research on Adjudicated Youth in Community Settings (TRACS) project, a five-year longitudinal study that examined the facility-to-community transition of 531 incarcerated youth (58% had a disability) from Oregon's juvenile justice system. About 40% of the sample returned to the juvenile correctional system within twelve months after release. Only 47% were engaged in work or school at six months after release, and 31% were engaged at twelve months after release. Participants who were engaged in work or school at six months after release tended to stay involved in those positive activities at twelve months after release and not return to the juvenile correctional system. These results point to the importance of providing interventions focused toward work and school placements immediately upon youths' release from the juvenile correctional system and their return to the community (authors).

Order #: 11842

Authors: Burt, M.R.

Title: What Will It Take To End Homelessness?

Source: Washington, DC: The Urban Institute, 2001. (Brief: 6 pages)

Abstract: This brief provides a wide overview of homelessness, homeless services, and recommendations on what actions need to be taken to alleviate the problem, based on the Urban Institute Press book, "Helping America's Homeless: Emergency Shelter or Affordable Housing?" by Urban Institute researchers Martha Burt, Laudan Y. Aron, and Edgar Lee, with Jesse Valente. Both publications were funded mainly by the Melville Charitable Trust and the Fannie Mae Foundation. Statistics in this brief are based on the 1996 National Survey of Homeless Assistance Providers and Clients, conducted by the U.S. Census Bureau (1996). The authors also make comparisons with results from their 1987 study of homelessness.

Available From: The Urban Institute, 2100 M Street, NW, Washington, DC 20037, (877) 847-7377, www.urban.org/UploadedPDF/end_homelessness.pdf.

Order #: 3457

Authors: Caton, C.L.M.

Title: Mental Health Service Use Among Homeless and Never-Homeless Men With Schizophrenia.

Source: Psychiatric Services 46(11): 1139-1143, 1995. (Journal Article: 5 pages)

Abstract: This article compares patterns of previous mental health service use among 100 homeless men with schizophrenia and 100 men with schizophrenia who have never been homeless. The relationship between treatment refusal, severity of illness, and access to services were examined for both groups. In addition, the differences in treatment histories and adequacy of discharge planning were reviewed. Findings indicate that both groups had similar treatment histories and recent patterns of inpatient, outpatient, and emergency service use. However, the homeless men were more likely to have been discharged from their most recent psychiatric hospitalization against medical advice and have experienced less than adequate discharge planning for living arrangements, aftercare, and finances (authors).

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Order #: 12891

Authors: Center for Law and Social Policy.

Title: Every Door Closed Fact Sheet Series. An Action Agenda.

Source: Washington, DC: The Center for Law and Social Policy, 2003. (Fact Sheet Series: 16 pages)

Abstract: Each year, approximately 400,000 mothers and fathers finish serving prison or jail sentences and return home eager to rebuild their families and their lives. As these parents struggle to make a fresh start, they encounter many legal barriers that will make it very difficult for them to successfully care for their children, find work, get safe housing, go to school, access public benefits, or even, for immigrants, stay in the same country as their children. This new set of eight two-page fact sheets, a joint project of CLASP and Community Legal Services, Inc., of Philadelphia, details the scope of the challenges these families face and offers solutions for federal, state, and local policymakers. The titles are: Facts about Parents with Criminal Records; Ex-Offenders Thwarted in Attempts to Earn a Living; Low-Income Families Barred from Housing Because of Criminal Records; Lift the Ban on Financial Aid for Higher Education; Making Public Benefits Accessible to Parents with Criminal Records; Ex-Offenders Struggle with Child Support Obligations; Helping Incarcerated Parents Stay Involved with their Children; and Immigration Consequences of Contact with the Criminal Justice System (authors).

Available From: The Center for Law and Social Policy, 1015 15th Street, NW, Suite 400, Washington, DC 20005, (202) 906-8000, www.clasp.org/DMS/Documents/1064841311.02/EDC_fact_sheets.pdf

Order #: 13432

Authors: Center for Mental Health Services and Center for Substance Abuse Treatment.

Title: CMHS/CSAT Collaborative Program to Prevent Homelessness.

Source: Delmar, NY: National Resource Center on Homelessness and Mental Illness, 2002. (Issue Brief: 5 pages)

Abstract: This issue brief provides an overview of findings from this collaborative program. Risk factors, prevalence of co-occurring disorders, homeless prevention and reduction are discussed. The authors also provide highlights of the study organization, cross-site evaluation and findings, and site-specific findings (authors).

Available From: National Resource Center on Homelessness and Mental Illness, 345 Delaware Avenue, Delmar, NY 12054, (800) 444-7415, www.nrchmi.samhsa.gov/pdfs/prevention.pdf

Order #: 8346

Authors: Center for Mental Health Services, Center for Substance Abuse Treatment.

Title: Refocusing Upstream: Interim Status Report of the Center for Mental Health Services and Center for Substance Abuse Treatment Collaborative Program to Prevent Homelessness.

Source: Washington, DC: Center for Mental Health Services, Center for Substance Abuse Treatment, 1999. (Report: 160 pages)

Abstract: The purpose of this report is to provide the field with background and preliminary descriptive data concerning the Center for Mental Health Services/Center for Substance Abuse Treatment Collaborative Program to Prevent Homelessness. The interventions and preliminary descriptive data presented in this report indicate that identification of persons at risk of homelessness occurs at multiple points along the treatment continuum rather than at a singular portal of entry. Points of entry into the interventions appear to mirror the risk factors for homelessness and the target populations across the eight projects also reflect the spectrum of individuals who are at risk. All the interventions have five components in common that appear critical to the prevention of homelessness among at-risk populations. These components include: (1) connection or provision of a range of affordable, safe housing options; (2) flexible case management services with varying degrees of intensity; (3) linkages to mental health and/or substance abuse treatment; (4) money management; and (5) a range of community support services. (authors)

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Order #: 13524

Authors: Centers for Medicare and Medicaid Services.

Title: **Promising Practices in Home and Community Based Services.**

Source: Baltimore, MD: Centers for Medicare and Medicaid Services, 2004. (Report Series: 17 pages)

Abstract: This series of reports highlights promising practices in home and community based services. The six examples included here are from the states of Vermont, Utah, Washington, New Jersey, Wisconsin, and Texas. They include information about topics such as: nursing facility to community transitions; informing nursing home residents about community long-term care options; the community choice initiative; assistance to people who want to leave nursing facilities; and appropriations riders. These reports are intended to share information about different approaches to offering home and community based services.

Available From: Centers for Medicare and Medicaid Services, 7500 Security Boulevard, Baltimore MD 21244, (877) 267-2323, www.cms.hhs.gov/promisingpractices

Order #: 13516

Authors: Chaney, R.

Title: **Promoting Community Integration: Barriers and Best Practices from Seven State Recipients of Olmstead Planning Grants.**

Source: Princeton, NJ: Center for Health Care Strategies, 2003. (Report: 11 pages)

Abstract: The National Council on Disability's (NCD) report, Olmstead: Reclaiming Institutional Lives, examines the progress states have made since the 1999 ruling and identifies what obstacles stand in the way. This resource paper supplements the NCD report, focusing on the seven states awarded grants from Center for Health Care Strategies (CHCS) to work on Olmstead compliance. The overall findings are consistent. Fundamental system barriers must be overcome, with assistance from the federal government, in order for real change to occur and be sustained. This resource paper offers insight into what obstacles the seven states came up against as they began to institute Olmstead, and where available, solutions that brought them closer to compliance (author).

Available From: Center for Health Care Strategies, P.O. Box 3469, Princeton, NJ 08543, (609) 895-8101, www.chcs.org/usr_doc/communityintegration_grants.pdf

Order #: 11808

Authors: Charles and Helen Schwab Foundation.

Title: **Homelessness: Key Findings and Grantmaking Strategies.**

Source: San Mateo, CA: The Charles and Helen Schwab Foundation, 2002. (Report: 21 pages)

Abstract: This report, prepared for the Schwab Foundation's recently announced initiatives in homelessness, captures interviews with key homeless service providers, advocates, philanthropic organizations, government agencies, policy makers and researchers. It also reflects an in-depth survey of current literature and research on homelessness. This report's findings support the approaches by the National Alliance to End Homelessness in its "10 Year Plan to End Homelessness," and state the case for focusing resources in strategies to prevent and end homelessness, rather than simply funding emergency shelters and other attempts to ameliorate homelessness (authors).

Available From: The Charles and Helen Schwab Foundation, 1650 South Amphlett Blvd., Suite 300, San Mateo, CA 94402, (650) 655-2410, www.schwabfoundation.org.

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Order #: 11950

Authors: Chicago Continuum of Care.

Title: **Getting Housed, Staying Housed: A Collaborative Plan to End Homelessness in Chicago.**

Source: Chicago, IL: Chicago Continuum of Care, 2003. (Report: 19 pages)

Abstract: This is the ten year plan to end homelessness in Chicago. Key strategies of the plan include: implementing a homeless information management system to assess families in crisis, identify permanent housing resources, and track the use of services, as well as provide data by which to evaluate the success of the entire system; constructing a prevention and response system infrastructure that will facilitate access to prevention, housing and supportive service resources for both people at risk of losing their housing and people leaving institutional care; implementing a housing first approach that helps people back into permanent housing connects them with any mainstream services for which they may be eligible and links them with the supports necessary for them to maintain their new housing and achieve self-sufficiency; transitioning the current homeless shelter system into an interim housing system that facilitates rapid access to permanent housing with appropriate supports; expanding permanent housing resources, with a mix of rent subsidies, scattered site housing and project-based permanent supportive housing units; and strengthening community connectedness through linkages to employment and community resources.

Available From: Chicago Department of Human Services, 1615 West Chicago Avenue, Chicago, IL 60622, (312) 746-8545, www.endhomelessness.org/localplans/chicago.pdf, or www.ci.chi.il.us/HumanServices/sub/prevent_end_homelessness.html

Order #: 13552

Authors: Cho, R.

Title: **Putting the Pieces Back Together: Overcoming Fragmentation to Prevent Post-Incarceration Homelessness.**

Source: New York, NY: Corporation for Supportive Housing, 2004. (Unpublished Paper: 39 pages)

Abstract: This paper is an attempt to redirect the growing dialogue around homelessness among formerly incarcerated people towards a systems approach to the problem. Such a view calls for a deeper understanding of the root causes of homelessness among formerly incarcerated people, thus identifying areas for policy and systems reform. The author argues that homelessness among formerly incarcerated people, as a recent manifestation of homelessness in general, stems from recent choices and practices within governance and institutional policy, choices and practices that can indeed be reformed.

Available From: Corporation for Supportive Housing, 50 Broadway, 17th Floor, New York, NY 10004, (212) 986-2966, information@csh.org, www.csh.org

Order #: 13550

Authors: Cho, R.

Title: **The Impact of NY/NY Housing on Criminal Justice System Involvement Among Homeless Persons with Serious Mental Illness.**

Source: New York, NY: Corporation for Supportive Housing, 2002. (Fact Sheet: 2 pages)

Abstract: The study referenced in this fact sheet examined the impact of NY/NY housing on the use of medical, psychiatric, and emergency shelter services. The study also matched homeless individuals with mental illness who were placed into NY/NY housing with a set of cohorts who also had a similar record of shelter use, matched by various demographic characteristics, indicators of mental illness and substance abuse, and Medicaid eligibility. Criminal justice involvement was then compared for these groups for the two years before and after the first group was placed into supportive housing (author).

Available From: Corporation for Supportive Housing, 50 Broadway, 17th Floor, New York, NY 10004, (212) 986-2966, information@csh.org, <http://www.csh.org/index.cfm?fuseaction=document.showDocumentList&parentID=34>

Homeless Prevention

Order #: 11846

Authors: Cho, R., Gary, D., Ball, L., Ladov, M.

Title: A Guide to Reentry Supportive Housing: A Three Part Primer for Non-profit Supportive Housing Developers, Social Services Providers, and Their Government Partners.

Source: New York, NY: Corporation for Supportive Housing, 2002. (Guide: 30 pages)

Abstract: This guide is intended to provide supportive housing providers with a basic introduction to community reentry supportive housing, that is, supportive housing targeted towards formerly incarcerated individuals or ex-offenders, including those living with special needs. The objectives of this guide are: to provide a basic understanding of the need for supportive housing targeted towards returning prisoners; to provide a general overview of the criminal justice system (its values, function, and practice) as relates to the community reentry of ex-offenders; and to discuss crucial issues surrounding both the partners (project sponsors) and the people (target population) involved in community reentry supportive housing (authors).

Available From: Corporation For Supportive Housing, 50 Broadway, 17th Floor, New York, NY 10173, (212) 986-2966, www.csh.org/_uploads/documents/live/GuideReEntrySH.pdf

Order #: 13486

Authors: Christ, W., Clarkin, J., Hull, J.

Title: A High-Risk Screen for Psychiatric Discharge Planning.

Source: Health and Social Work 19(4): 261-270, 1994. (Journal Article: 10 pages)

Abstract: This article tests the hypothesis that psychiatric inpatients at high risk for presenting difficulties in aftercare planning can be accurately identified on admission to an inpatient unit. According to the authors, sixty-six percent of the patients rated high risk at admission were identically rated at discharge. The article states that differences among risk groups were also found with respect to key demographic variables, and that the high-risk screen permits early identification of patients who will require immediate and intensive environmental interventions. The authors assert that such data is critical to psychiatric social work in preventing overstay and in deploying department resources with maximum effectiveness (authors).

Order #: 7438

Authors: Clark, C., Henry, M.

Title: The Homelessness Prevention Project 1996-1997: A Descriptive Manual.

Source: St. Petersburg, FL: Boley Centers for Behavioral Health Care, 1998. (Manual: 77 pages)

Abstract: This report describes the Boley Homelessness Prevention Project which is part of the federal Homelessness Prevention Program. Set in West Central Florida, the program was developed in response to the community's need for stable and supportive housing for individuals who have experienced homelessness or been at risk of homelessness, have severe mental illness, and may or may not also have substance abuse disorders. Specifically, the intervention is the provision of: assistance in finding an apartment and in negotiating a lease agreement; support services aimed at helping people become established in their home, including anything from locating household supplies to budget assistance; and linkages to services either within the Boley organization or with other agencies to meet the social, medical, clinical, and vocational needs and goals of the client.

Homeless Prevention

Order #: 11667

Authors: Clark, C., Rich, A.,

Title: **Boley Homelessness Prevention Project: Final Report.**

Source: Tampa, FL: University of South Florida, 2000. (Report: 78 pages)

Abstract: An outcomes assessment of the Boley Homelessness Prevention Project was conducted with two comparison programs, the Homeless Outreach Support Team of the Suncoast Center for Community Mental Health Inc. and Project Return, Inc. The outcome evaluation was an assessment of the effectiveness of counseling and case management services with housing and housing and related services, as provided by Boley and Project Return, as compared to counseling and case management services alone, as provided by Suncoast. The results have possible planning and policy implications for services for homeless individuals. Initial substance use and psychiatric status appears to moderate the effects of the intervention on the housing variables. A similar pattern of results was observed for all three housing outcome variables: low alcohol and drug users and consumers with low frequency of psychiatric symptoms do just as well with counseling and case management alone as they do with housing and housing supports added. However, high users and high psychiatric severity consumers do significantly better with counseling and case management plus housing and housing supports. This suggests that the high end, more costly and supportive housing services should be focused on serving the most impaired individuals in the homeless population, while others with less impairment can benefit from case management and counseling alone (authors).

Available From: The Louis de la Parte Florida Mental Health Institute, University of South Florida Department of Community Mental Health, 13301 Bruce B. Downs Boulevard, Tampa, FL 33612, cclark@fmhi.usf.edu, www.fmhi.usf.edu/institute/pubs/pdf/cmh/boleyfinal2.pdf

Order #: 7780

Authors: Clark, C., Teague, G.B., Henry, R.M.

Title: **Preventing Homelessness in Florida.**

Source: Alcohol Treatment Quarterly 17(1/2): 73-91, 1999. (Journal Article: 19 pages)

Abstract: This article describes the essential elements of a housing intervention designed to serve people who are homeless or risk becoming homeless, have severe mental illness, and may have a substance use disorder. Characteristics of the target population, the community and the service system are examined, and how this program serves to address the issues. The effectiveness of this intervention appears to be the result of the organizational structure. The organizational structure and climate provide: integrated services under one "umbrella"; flexible, responsive service delivery; and a treatment philosophy which builds on the strengths of residents through effective staff-resident relationships (authors).

Order #: 11835

Authors: Coalition for the Homeless of Louisville/Jefferson County, Kentucky.

Title: **Reducing Homelessness: A Blueprint for the Future.**

Source: Louisville, KY: The Coalition for the Homeless of Louisville/Jefferson County, Kentucky, 2002. (Report: 14 pages)

Abstract: This blueprint is the result of a yearlong planning process, which involved city and county officials, community leaders and homeless service providers. The Blueprint consists of quality assurance standards for homeless service providers, guidelines for case managers, and an advocacy agenda that targets structural, personal, public policy causes of homelessness, as described by Dr. Martha Burt of the Urban Institute. Among the strategies that would help in ending homelessness in Louisville are promoting a living wage in the Greater Louisville area and collecting data on the release of people into homelessness from state institutions (such as prisons, hospitals, mental institutions and the foster care system) and advocating for institutional after-care policies and programs.

Available From: The Coalition for the Homeless of Louisville/Jefferson County, Kentucky, 1115 South Fourth Street, Third Floor, Louisville, KY 40203, (502) 589-0190, thecoal@bellsouth.net, www.homelesscoal.org/blueprint.doc.

Homeless Prevention

Order #: 13487

Authors: Cohen, N., Gantt, A., Sainz, A.

Title: Influences on Fit Between Psychiatric Patients' Psychosocial Needs and Their Hospital Discharge Plan.

Source: Psychiatric Services 48(4): 518-522, 1997. (Journal Article: 5 pages)

Abstract: This study examined factors that help determine a good or poor fit between the psychosocial support needs of hospitalized patients and the hospital's discharge plan, using the Mount Sinai Discharge Planning Inventory. The authors assert that one-third of admissions were found to have an optimal fit on admission in all resource categories studied. The article states that for patients who entered the hospital with suboptimal resources, discharge planning was significantly more likely to establish clinically relevant psychiatric treatment options and to strengthen daily living activities than to change housing resources. The authors also state that certain diagnoses and a history of drug abuse, criminality, violence, and treatment noncompliance were associated with poorer fits with first-choice disposition options. The article concludes that the Mount Sinai Discharge Planning Inventory provides a method to systematically evaluate discharge planning by tracking progress toward securing relevant post-hospital care and support (authors).

Order #: 12443

Authors: Columbus and Franklin County Continuum of Care Steering Committee.

Title: Ten Year Plan to End Chronic Homelessness: Columbus and Franklin County Implementation Plan.

Source: Columbus, OH: Columbus and Franklin County Continuum of Care Steering Committee, 2002. (Report: 14 pages)

Abstract: The four themes of this plan, including closing the front door by preventing homelessness, opening the back door out of homelessness, building the infrastructure, and managing for results, align with the National Alliance to End Homelessness's 10-year plan. This report reviews the history of homelessness and scope of the problem in Ohio and across America. Community Shelter Board's efforts to prevent and minimize shelter stays, develop supportive housing programs, and work in partnership with the community are discussed. Finally, suggestions are offered for federal efforts to create affordable housing, permanent housing for people with disabilities, and adequate social services to mitigate problems that result in homelessness.

Available From: Community Shelter Board, (614) 221-9195, 115 West Main Street, Columbus, OH 43215, info@csb.org, www.ich.gov/slocal/plans/columbusohio.pdf

Order #: 11303

Authors: Commonwealth of Massachusetts Executive Office for Administration and Finance.

Title: Moving Beyond Serving the Homeless to Preventing Homelessness.

Source: Boston, MA: Commonwealth of Massachusetts Executive Office for Administration and Finance, 2000. (Report: 146 pages)

Abstract: The state of Massachusetts' emergency shelter system continues to feel strained despite the administration's overall efforts to implement initiatives that will improve the ability of all of its citizens to have safe, decent, and affordable housing. The Executive Office for Administration and Finance launched an examination of the state's efforts to prevent homelessness by appointing two working groups on homelessness, each of which were part of the Task Force on Housing and Homelessness. Both groups included representatives from state agencies, advocacy organizations, and service providers. One group, the Working Group on Housing Search and Retention, examined and assessed the Commonwealth's housing search and retention services available to families and individuals who are homeless or at risk of homelessness. The other group, the Working Group on Discharge Planning, examined and analyzed discharge planning policies and procedures within a number of correctional facilities as well as human service agencies that provide custodial, residential, or inpatient services to single adults.

Available From: National Health Care for the Homeless Council, P.O. Box 60427, Nashville, TN 37206, (615) 226-2292 www.nhchc.org/discharge/Documents/IVE_MassachusettsExecutiveOffice.pdf.

Homeless Prevention

Order #: 11659

Authors: Commonwealth of Massachusetts.

Title: **Discharge Planning Specifications for Requests for Responses.**

Source: Boston, MA: Commonwealth of Massachusetts, 2001. (Manual: 12 pages)

Abstract: This document addresses some of the requirements of a cross-cutting initiative developed by the Working Group on Discharge Planning, as included in the Executive Office for Administration and Finance's Policy Report: Moving Beyond Serving the Homeless to Preventing Homelessness. The initiative is "Ensure Consistency in Discharge Planning among the Commonwealth's Vendors." It contains required Request for Response specification language pertaining to discharge planning for Purchase of Service (POS) contracts with human and social service providers. The specifications were developed by the multi-department Procurement Review Team and will be incorporated into upcoming Requests for Responses (RFRs) for certain services. They are based on the "Characteristics of an Effective Discharge Planning Policy and System" as developed by the Working Group on Discharge Planning. The specifications will also be incorporated, wherever feasible, into Standard Contract Form Amendments when departments exercise their options to renew contracts with providers (authors).

Available From: The Commonwealth of Massachusetts, Executive Office for Administration and Finance, Operational Services Division (OSD), One Ashburton Place, Room 1017, Boston, MA 02108-1552, (617) 720-3300, www.mass.gov/osd.

Order #: 9901

Authors: Community Connections.

Title: **Housing Solutions: The Community Connections Housing Program.**

Source: Washington, DC: Community Connections, 1997. (Manual: 52 pages)

Abstract: This manual describes an approach to integrating housing supports and clinical services for persons with severe mental illness who are seen as vulnerable to residential instability and housing loss. Both the manual and the intervention are works in progress. The purpose of the manual is three-fold. First, this document is designed as a guide to implementation of the clinically managed housing continuum at Community Connections. For the clinical housing team, it is to be used in training and ongoing supervision. For case managers and their clients, it should be viewed as a user's manual that can prepare them to be informed consumers of services and active partners in the planning process. Secondly, the manual has been used to inform the development of a proposed process and outcome evaluation and to identify essential features of the intervention which distinguish it from other strategies for linking housing and supports. Last, it will eventually be made available for circulation to outside program staff and planners for whom it might serve as a basis for discussion in their respective settings. It is hoped that it will facilitate further learning, about effective ways to insulate vulnerable people against housing loss and to help people escape homelessness when it occurs (authors).

Order #: 12736

Authors: Community Partnership for the Prevention of Homelessness.

Title: **The Community Partnership for the Prevention of Homelessness 2002 Report to the Community.**

Source: Washington, DC: Community Partnership for the Prevention of Homelessness, 2002. (Report: 20 pages)

Abstract: In this report, the authors consider how to continue managing and improving a Continuum of Care for homeless people and at the same time work to end homelessness. Part I examines poverty and homelessness on the broadest level, including recent trends within the population. Part II gives an overview of the system capacity budget for the Continuum of Care, and discusses money supports and where the funding comes from. Part III discusses better management strategies and necessary improvements needed to end homelessness. The authors offer some positive and encouraging answers to how this is possible, and assert that better management of a Continuum of Care is part of but not the whole answer to ending homelessness (authors).

Available From: The Community Partnership for the Prevention of Homelessness, 801 Pennsylvania Avenue SE, Suite 360, Washington, DC 20003, (202) 543-5298, www.community-partnership.org.

Homeless Prevention

Order #: 12717

Authors: Community Shelter Board.

Title: Preventing Homelessness: Discharge Planning from Corrections Facilities.

Source: Columbus, OH: Community Shelter Board, 2002. (Report: 13 pages)

Abstract: This report discusses the reasons for prevention and discharge planning, as well as explores the housing barriers to successful reentry and the lack of benefits for people who are mentally ill. The authors define discharge planning, and give examples of what can be done to prevent homelessness. Innovative community programs are discussed, such as the Fortune Society, Safer Foundation, Project Return, and Druid Heights Transitional Housing for Ex-Offenders. The authors also give a sampling of policy initiatives from different states, including Massachusetts, Illinois, Ohio and Minnesota (authors).

Available From: Community Shelter Board, 115 West Main Street, LL, Columbus, OH 43215, (614) 221-9195, www.csb.org.

Order #: 11484

Authors: Community Shelter Board.

Title: Ending Homelessness in Columbus.

Source: Columbus, OH: Community Shelter Board, 2001. (Report: 51 pages)

Abstract: This report reviews the history of homelessness and scope of the problem in Columbus and across America. Community Shelter Board's efforts to prevent and minimize shelter stays, develop supportive housing programs, and work in partnership with the community are discussed. Finally, suggestions are offered for federal efforts to create affordable housing, permanent housing for people with disabilities, and adequate social services to mitigate problems that result in homelessness.

Available From: Community Shelter Board, (614) 221-9195, 115 West Main Street, Lower Level, Columbus, Ohio 43215, (614) 221-9195 x115, info@csb.org, www.csb.org/What_s_New/HUD%20briefing.pdf.

Order #: 8910

Authors: Connery, L.

Title: Homelessness Prevention: A Family Intervention Model. A Descriptive Manual.

Source: Lynwood, CA: Barbour and Floyd Medical Associates, 1998. (Manual: 65 pages)

Abstract: This manual presents a homeless prevention model for a family-based intervention for families who have a mentally ill member. It was designed within the framework of an Integrated Services Agency (ISA) in South Central Los Angeles. This model is an "in vivo" family intervention that treats clients' homes as the most effective venue for achieving long-term positive outcomes. The agency brings together psychiatrists, licensed psychiatric technicians, social workers, substance abuse specialists, and case coordinators into a comprehensive team offering 24-hour service to clients. Through a five-step process of engagement, assessment, service plan development, monitoring and role provision, the clients' families experience family psychoeducation, support, respite and skills development. Also examined are the services for mentally ill individuals with a co-occurring substance use disorder, coping mechanisms for dealing with mental illness in other family members, and methods for families to reconnect effectively with their community.

Homeless Prevention

Order #: 7781

Authors: Connery, L., Brekke, J.

Title: A Home-Based Family Intervention for Ethnic Minorities with a Mentally Ill Member.

Source: Alcohol Treatment Quarterly 17(1/2): 149-167, 1999. (Journal Article: 19 pages)

Abstract: This article presents the background, development, and content of a manualized home-based family intervention for ethnic minority families with a seriously mentally ill member. The development of this homelessness prevention intervention is based on the premise that the client's home is the most effective venue for achieving long-term positive outcomes from mental health service. The service plan consists of strategies for coping with mental illness, the extended provider role, family skill development, family support services, family groups, and family respite. The agency within which this intervention is implemented is an Integrated Services Agency which serves the highest utilizers of the most costly services in the public sector.

Order #: 7414

Authors: Conrad, K.J., Hanrahan, P., Matters, M.D., Luchins, D.J., Savage, C., Daugherty, B., Shinderman, M., Quasis, D.

Title: A Representative Payee Program for Individuals with Severe Mental Illness at Community Counseling Centers of Chicago.

Source: Chicago, IL: Community Counseling Centers of Chicago, 1998. (Program Description: 52 pages)

Abstract: This program manual describes a sophisticated representative payee program featuring a mental health agency "bank" that works with clients and case managers to ensure the financial stability of clients. The money management program at Community Counseling Centers of Chicago provides an example of how to conduct this service, and this manual is intended as a guide for those who wish to start a similar program (authors).

Available From: The University of Illinois at Chicago Health Policy and Administration, School of Public Health, 1603 W. Taylor Street, Chicago, IL 60612-7259, (312) 996-3185, KJConrad@uic.edu, www.uic.edu/depts/spha/academic/division/hpa.htm.

Order #: 8245

Authors: Conrad, K.J., Matters, M.D., Hanrahan, P., Luchins, D.J. (eds.).

Title: Homelessness Prevention in Treatment of Substance Abuse and Mental Illness: Logic Models and Implementation of Eight American Projects.

Source: Alcohol Treatment Quarterly 17(1/2): 1999. (Journal:Entire Issue: 234 pages)

Abstract: In 1996 the Substance Abuse and Mental Health Services Administration (SAMHSA) funded eight, three-year knowledge development projects designed to prevent homelessness in high risk populations with problems of alcoholism, drug abuse, and/or mental illness. The projects selected are state-of-the-art representations of four types of homelessness prevention: (1) supportive housing; (2) residential treatment; (3) family support and respite; and (4) representative payee and money management. This issue presents articles that provide an overview of the SAMHSA program and descriptions of the eight projects.

Homeless Prevention

Order #: 7730

Authors: Conrad, K.J., Matters, M.D., Hanrahan, P., Luchins, D.J., Savage, C., Daugherty, B.

Title: **Characteristics of Persons with Mental Illness in a Representative Payee Program.**

Source: Psychiatric Services 49(9): 1223-1225, 1998. (Journal Article: 3 pages)

Abstract: This article compared the characteristics of 56 clients with severe mental illness in a community mental health agency's representative payeeship program with those of 54 clients who did not participate in the program. Based on data from a two-year period, participants in the representative payee program were characterized by disability or financial distress, indicated by a diagnosis of schizophrenia, homelessness, lack of rent money, and lack of financial skills; long-term dependence on income from Social Security and services provided by the mental health system, evidenced by receipt of Supplemental Security Income and frequent hospitalizations; and lack of financial independence as reflected by inability to earn income from employment and lack of financial support from family (authors).

Order #: 7778

Authors: Conrad, K.J., Matters, M.D., Hanrahan, P., Luchins, D.J., Savage, C., Daugherty, B., Shinderman, M.

Title: **Representative Payee for Individuals with Severe Mental Illness at Community Counseling Centers of Chicago.**

Source: Alcohol Treatment Quarterly 17(1/2): 169-186, 1999. (Journal Article: 18 pages)

Abstract: This article describes a representative payee (RP) program at Community Counseling Center of Chicago. This program features a mental health agency bank that works with clients and case managers (CMs) to ensure the financial stability of clients. When an agency develops a banking system to serve as the RP in cooperation with case managers, this has the advantage of linking therapeutic services with clients' basic needs, such as payment of rent and other bills. It also relieves the CM of monetary demands from clients that can distort the clinical relationship. The authors discuss the advantages and ongoing challenges of an agency RP.

Order #: 8904

Authors: Conrad, K.J., Yagelka, J.R., Matters, M.D., Rich, A.R., Williams, V., Buchanan, M.

Title: **Reliability and Validity of a Modified Colorado Symptom Index in a National Homeless Sample.**

Source: Mental Health Services Research 28(4): 345-350, 2001. (Journal Article: 5 pages)

Abstract: This article examines the reliability and construct validity of a modified version of the Colorado Symptom Index (MCSI), a brief, self-report measure of psychological symptomatology, in the multi-site Collaborative Program to Prevent Homelessness. Eight projects in the program collected new data at baseline, six, and 12 months using a set of common measures as well as site-specific instruments. The pooled sample consisted of 1,381 persons in treatment for mental illness and/or substance abuse of which 84% had a history of homelessness. The MCSI scale was found to be a reliable and valid measure of psychological symptoms in this sample. The authors conclude that the MCSI performed similarly to longer, more widely used measures of psychological symptomatology and could be useful in other studies targeting adults with severe mental illness and/or substance use disorders who are homeless (authors).

Homeless Prevention

Order #: 13584

Authors: Contra Costa County Public Health.

Title: Ending Homelessness in Ten Years: A County-Wide Plan for the Communities of Contra Costa County.

Source: Martinez, CA: Contra County Public Health, 2004. (Blueprint: 33 pages)

Abstract: This is a ten year plan to end homelessness in Contra Costa County. This plan includes a housing-first approach, with integrated, wraparound services to facilitate long-term residential stability, as well as helping people who are homeless access employment that pays a "housing wage". Outreach for people who are chronically homeless, homeless prevention strategies, and plan implementation are also discussed (authors).

Available From: Cynthia Belon, L.C.S.W., Director, Homeless Program, Contra Costa County Public Health, 597 Center Avenue, Suite 355, Martinez, CA 94553, (925) 313-6736, http://cchealth.org/topics/homeless/pdf/10_year_plan.pdf.

Order #: 13568

Authors: Corporation for Supportive Housing.

Title: An Overview of the Criminal Justice System.

Source: New York, NY: Corporation for Supportive Housing, 2002. (Guide: 12 pages)

Abstract: This document explains the courts, jail and prison system, and surveys existing community re-entry models. It provides a brief overview of the criminal justice system, including a discussion of the criminal justice system as a whole, its goals, its institutions, and as it relates to the arrest, adjudication, sentencing, incarceration, and discharge of inmates (authors).

Available From: Corporation for Supportive Housing, 50 Broadway, 17th Floor, New York, NY 10004, (212) 986-2966, info@csh.org, www.csh.org/index.cfm?fuseaction=page.viewPage&PageID=420.

Order #: 13574

Authors: Corporation for Supportive Housing.

Title: The Benefits of Supportive Housing: Changes in Residents' Use of Public Services.

Source: New York, NY: Corporation for Supportive Housing, 2004. (Unpublished Paper: 35 pages)

Abstract: This report presents compelling information for policymakers and others who seek to maximize the value of public resources aimed at reducing homelessness, while also documenting the significant impact of funding from the California Endowment on the lives of hundreds of formerly homeless Californians and the local communities that provide care to them. This report includes an analysis of changes in use of behavioral health care services among residents of supportive housing in San Francisco and Alameda County in California. Findings demonstrate that permanent supportive housing can provide a stable alternative to life on the streets; and can do so while reducing costs to government (authors).

Available From: Corporation for Supportive Housing, 50 Broadway, 17th Floor, New York, NY 10004, (212) 986-2966, info@csh.org, <http://documents.csh.org/documents/ke/HHISN02-04.doc>

Homeless Prevention

Order #: 13572

Authors: Corporation for Supportive Housing.

Title: **Project Financing Issues for Reentry Supportive Housing.**

Source: New York, NY: Corporation for Supportive Housing, 2002. (Guide: 7 pages)

Abstract: This document examines the funding sources available for those interested in developing supportive housing projects targeting ex-offenders or other criminal justice-involved persons. Most new residential projects targeting ex-offenders were made possible by accessing development funding streams in other areas of government besides corrections. These include homeless/housing funding, substance abuse funding, mental health funding, and affordable housing funding (including tax credits). The challenge that remains with these patchwork financing schemes has been around the definition of target populations. Since few of these funding streams were designed with returning prisoners in mind, developers have faced the challenge of narrowing their target populations to meet funding program eligibility requirements (authors).

Available From: Corporation for Supportive Housing, 50 Broadway, 17th Floor, New York, NY 10004, (212) 986-2966, info@csh.org, www.csh.org/index.cfm?fuseaction=page.viewPage&PageID=420.

Order #: 13570

Authors: Corporation for Supportive Housing.

Title: **Profiles of Successful Development Financing.**

Source: New York, NY: Corporation for Supportive Housing, 2002. (Program Description: 6 pages)

Abstract: This document provides project profiles of three criminal justice-related supportive housing projects that are in development or currently operating: Project Greenhope and Fortune Academy in New York, and St. Leonard's House in Chicago (authors).

Available From: Corporation for Supportive Housing, 50 Broadway, 17th Floor, New York, NY 10004, (212) 986-2966, info@csh.org, www.csh.org/index.cfm?fuseaction=page.viewPage&PageID=420.

Order #: 8877

Authors: Coughy, K.

Title: **Final Report: Project H.O.M.E. Evaluation: Cooperative Agreement for CMHS/CSAT Collaborative Program to Prevent Homelessness.**

Source: Philadelphia, PA: Philadelphia Health Management Corporation, 2000. (Report: 160 pages)

Abstract: This evaluation report is an assessment of the effectiveness of Project H.O.M.E. (Housing, Opportunities, Medical Care, and Education) to prevent relapse into homelessness among chronically homeless persons with mental illness and/or substance use disorders. The components of Project H.O.M.E.'s continuum of care include: street outreach, a housing continuum of 10 facilities, case management, on-site health care, addictions counseling, recovery groups, and referrals to medical and psychiatric care. The project also provides an array of educational and employment programs designed to build self-esteem and promote independence. The findings of the outcome indicate that, controlling for other significant variables, the Project H.O.M.E. residents are significantly more likely than the comparison group to have maintained stable housing. Stability of housing for Project H.O.M.E. residents is not significantly related to the amount of time an individual has been living at one of the sites but is related to engagement in educational/enrichment classes, social interaction, and lifetime homelessness.

Homeless Prevention

Order #: 7776

Authors: Coughy, K., Feighan, K., Lavelle, K., Olson, K., DeCarlo, M., Medina, M.

Title: **Project H.O.M.E.: A Comprehensive Program for Homeless Individuals with Mental Illness and Substance Use Disorders.**

Source: Alcohol Treatment Quarterly 17(1/2): 133-148, 1999. (Journal Article: 16 pages)

Abstract: Project H.O.M.E. (Housing, Opportunities, Medical Care, and Education) is an innovative, multi-faceted homelessness prevention program in Philadelphia designed to reduce individual, community/neighborhood, and societal risk factors for the recurrence of homelessness among individuals with severe mental illness and/or substance use disorders. Tailored to the needs and abilities of each individual, Project H.O.M.E. uses a combination of prevention strategies that includes street outreach, three levels of housing, extensive on-site services (education, employment, health care, addictions counseling, and social activities) and linkages to other services. Project H.O.M.E. also advocates for the homeless population through political activism (authors).

Order #: 12462

Authors: Council for the Homeless.

Title: **A Home for Everyone: Creating Housing Opportunities for People Who Are Homeless or Below Thirty Percent of Median Income by Maximizing Federal Resources.**

Source: Vancouver, WA: Council for the Homeless, 2002. (Report: 33 pages)

Abstract: This plan is guiding the efforts of the Council for the Homeless, as well as the Continuum of Care Planning Group, through 2004 and will inspire future work. The goal of the plan is to obtain up to 1,250 new subsidized housing units using federal, state, local and private resources. This would be accomplished through both rental assistance and housing production approaches through 2004 and beyond. These units would be designed for people who are homeless, as well as those imminently at-risk of homelessness (authors).

Available From: Council for the Homeless, 2500 Main Street, Vancouver, WA 98660, (360) 993-9571, bjohnson@icfth.com, www.icfth.com/download/Housing_plan.pdf

Order #: 13575

Authors: Council of State Governments.

Title: **Criminal Justice/Mental Health Consensus Project.**

Source: New York, NY: Council of State Governments, 2002. (Report: 432 pages)

Abstract: This report reflects the results of a series of meetings among one hundred of the most respected criminal justice and mental health practitioners in the country. The report provides forty-seven policy statements that can serve as a guide or prompt an initiative to improve the criminal justice system's response to people with mental illness. Following each policy statement is a series of more specific recommendations that highlight the practical steps that should be taken to implement the policy. Woven into the discussion of each recommendation are examples of programs, policies, or elements of state statutes that illustrate one or more jurisdiction's attempt to implement a particular policy statement. While promising, many of these initiatives are so new that they have yet to be evaluated to certify their impact on individuals and systems. Still, they demonstrate how partnerships and resourcefulness can be successfully replicated or tailored to the unique needs of a variety of communities. These examples should also help communities to build on the achievements without duplicating the failures or inefficiencies of others (authors).

Available From: Council of State Governments, 40 Broad Street, Suite 2050, New York, NY 10004, (212) 482-2320, http://consensusproject.org/the_report.

Homeless Prevention

Order #: 13691

Authors: Council of State Governments.

Title: **Report Preview of the Re-Entry Policy Council: Charting the Safe and Successful Return of Prisoners to the Community.**

Source: Lexington, KY: Council of State Governments, 2004. (Report Preview: 24 pages)

Abstract: This report preview explains what the report of the Re-Entry Policy Council (RPC) offers to different audiences, introduces some of its principal ideas, and explains how to navigate the approximately 600-page document. The RPC will publish its comprehensive report, providing hundreds of policy recommendations for improving the likelihood that adults released from prison or jail will make a safe and successful return to their home communities, in summer 2004.

Available From: Council of State Governments, 2760 Research Park Drive, Lexington, KY 40578, (859) 244-8000, editors@reentrypolicy.org, www.reentrypolicy.org/ReentryPolicyCouncilReportPreview.pdf

Order #: 7346

Authors: Culhane, D., Hornburg, S. (eds.)

Title: **Understanding Homelessness: New Policy and Research Perspectives.**

Source: Washington, DC, Fannie Mae Foundation, 1997. (Book: 380 pages)

Abstract: This book serves as a forum for research that seeks to improve understanding of the nature of homelessness, its causes, and how to best address it. In three sections, this volume reviews the state of knowledge regarding counting and tracking the homeless population and reviews what is known about the many different causes of homelessness. The book also focuses on new research that suggests appropriate early intervention may prevent homelessness in many instances. The volume concludes with suggestions for next steps in research, programs, and legislation (authors).

Available From: Fannie Mae Foundation, 4000 Wisconsin Avenue, NW, Washington, DC 20016, 202-274-8000, www.fanniemae.org.

Order #: 2086

Authors: Culhane, D.P.

Title: **The Quandaries of Shelter Reform: An Appraisal of Efforts to 'Manage' Homelessness.**

Source: Social Service Review 66(3): 428-440, 1992. (Journal Article: 13 pages)

Abstract: In this article, the author describes efforts to manage the capacity of homeless shelter programs in Philadelphia and assesses the impact of those efforts on providers and consumers of homeless services. Most reforms have focused on reducing the capacity of the shelter system by reducing the average length of stay of persons in shelters and by providing housing relocation assistance. However, according to the author, these efforts have been compromised by an inability to control the demand for shelter, particularly the rate of new admissions, and by the extent of need for housing assistance among homeless and near-homeless people in Philadelphia. Alternative methods of financing shelters are described, as are attempts to create a system of specialty shelter providers. The contradictions of shelter reform and the need for a more comprehensive homelessness prevention strategy are discussed (author).

Homeless Prevention

Order #: 6257

Authors: Culhane, D.P., Averyt, J.M., Hadley, T.R.

Title: **The Treated Prevalence of Behavioral Health Disorders among Adults Admitted to the Philadelphia Shelter System, and the Rate of Shelter Admission among Users of Behavioral Health Services**

Source: Philadelphia, PA: Center for Mental Health Policy and Services Research, 1996. (Unpublished Paper: 70 pages)

Abstract: This paper reports results from a study of the treated prevalence of mental health and substance use disorders among adults admitted to Philadelphia public shelters between 1990 and 1992 (N=27,638). Identifiers and service records from longitudinal databases on shelter and mental health services were merged, finding that 49.3% of single homeless adults and 33.2% of homeless adults with children were treated for a mental health or substance use disorder between 1985 and 1993. The rate of treatment for serious mental illness was 10.8%. Other data include prevalence statistics regarding women, men, adults with children, substance abuse, and veterans. Overall, 65.5% of adult shelter users were identified as ever having some mental health or substance use problem, treated or untreated. The study procedures yield estimates of the treated prevalence of mental health and substance use disorders, based on diagnostic encounters in clinical settings, and of the prevalence of homelessness among users of publicly reimbursed mental health and substance abuse services, based on shelter admission records. A preliminary analysis of the sequencing of behavioral health and shelter system use is reported, and the implications for prevention strategies are discussed (authors).

Order #: 5995

Authors: Culhane, D.P., Lee, C., Watcher, S.M.

Title: **Where the Homeless Come From: A Study of the Prior Address Distribution of Families Admitted to Public Shelters in New York City and Philadelphia.**

Source: Housing Policy Debate 7(2): 327-364, 1996. (Journal Article: 37 pages)

Abstract: This article describes a study which investigates hypotheses regarding the association of census tract variables with the risk for homelessness. Three dense clusters of homeless origins were found in Philadelphia and three in New York City, accounting for 67% and 61% of shelter admissions and revealing that homeless families' prior addresses are more highly concentrated than the poverty distribution in both cities. The rate of shelter admission is strongly and positively related to the concentration of poor, African-American, and female-headed households with young children in a neighborhood. Results show the rate of public-shelter admission was found to be associated with unemployment, crowded housing, poverty, restricted access to the labor market, rent burden, and poor neighborhood quality (authors).

Order #: 11634

Authors: DeVos, M.R.

Title: **Ending Homelessness: Maine's Strategic Plan.**

Source: Augusta, ME: Maine State Housing Authority, 2002. (Report: 46 pages)

Abstract: This plan calls for the state of Maine to make reducing homelessness a priority, better coordinate the services offered to people who are homeless by different state agencies, and find efficiencies in how those services are delivered so more can be accomplished without spending more money. This plan will focus energies to emergency shelters because that is where service providers can meet with clients and potential clients. Struggling with addiction and mental illnesses are two of the main factors that lead to homelessness. The plan will help to focus improvements in treatment programs for those people dealing with addictions and mental illnesses. The plan will not promote the creation of more shelters, it will try to address the issues surrounding why people become homeless and how to aid those people at risk of becoming homeless.

Available From: Maine State Housing Authority, 353 Water Street, Augusta, ME 04330-4633, (800) 452-4668, www.mainehousing.org/homeless.html.

Homeless Prevention

Order #: 12358

Authors: Drury, L.

Title: Community Care for People Who are Homeless and Mentally Ill.

Source: Journal of Health Care for the Poor and Underserved 14(2): 194-207, 2003. (Journal Article: 14 pages)

Abstract: This study documents the experiences of 60 people who are homeless and mentally ill from their state mental hospital discharge through their first two years in community housing. This article also explores the personal, cultural, and environmental contexts of life for adults who are homeless and mentally ill and examines the interaction between an individual's needs and community resources. The research identifies forces that perpetuate homelessness and traces the struggles that people who are homeless and mentally ill encounter during the transition from the streets to stable housing. The findings describe a culturally based pattern of mutual avoidance between homeless mentally ill clients and caregivers, which limits delivery of services to the population. The author recommend development of alternative systems of care delivery, expansion of educational experiences with underserved populations, and increased funding for service or research with people who are homeless and mentally ill (author).

Order #: 13004

Authors: Erie County Commission on Homelessness.

Title: Understanding Homelessness: A Report to the Community.

Source: Buffalo, NY: Erie County Commission on Homelessness, 2002. (Report: 68 pages)

Abstract: This report shares current data on the use of area homeless outreach services, emergency shelters, and transitional and permanent housing by homeless and near homeless individuals and families in Western New York. Drawing on the information gathered, four areas in need of improvement are identified. These include services to diverse homeless families, special assistance to difficult-to-serve clients, increased access to mental health, addiction, and domestic violence counseling, and promotion of stability through employment and supplemental resources (authors).

Available From: Erie County Commission on Homelessness, 190 Franklin Street, Buffalo, NY 14202, (716) 852-6120 ext. 270, www.wnyhomeless.org

Order #: 13491

Authors: Feather, J.

Title: Factors in Perceived Hospital Discharge Planning Effectiveness.

Source: Social Work in Health Care 19(1): 1-14, 1993. (Journal Article: 14 pages)

Abstract: In this article, the authors discuss the process of assessing the needs of hospitalized patients for post-acute care and the development of a coordinated plan to provide the care needed. The authors assert that this assessment is an important component of both the financial viability of the hospital and the overall quality of care provided to the patient across health care settings. This article, based on a random sample survey of U.S. non-federal acute medical/surgical hospitals, suggests those variables that may be most important in shaping the effectiveness of the hospital discharge planning program. The authors identify those variables that have the strongest independent effect on effectiveness, and to assess the relative strength of each. The article states that power (including discharge planner influence and physician and hospital administrator support) and role clarity emerge as the most important predictors of perceived effectiveness, and that the single most important factor is cooperation and support from the physician staff of the hospital. The authors conclude that this research suggests that organizational factors, rather than the use of a particular "system" of discharge planning, may be most important in discharge planning effectiveness (authors).

Homeless Prevention

Order #: 1350

Authors: Federal Task Force on Homelessness and Severe Mental Illness.

Title: **Outcasts on Main Street: Report of the Federal Task Force on Homelessness and Severe Mental Illness.**

Source: Washington, DC: Interagency Council on the Homeless, 1992. (Report: 91 pages)

Abstract: Representatives from all major federal departments whose policies and programs directly affect the homeless population with serious mental illnesses met over an 18-month period and issued this report to the Interagency Council on the Homeless. The authors present a plan of action that they believe reflects a vital first step toward ending homelessness among people with serious mental illness. The report: outlines fundamental principles and the essential components of an integrated and comprehensive system of care for homeless people with serious mental illness; identifies immediate action steps and more long-term systemic measures that federal departments can take to facilitate state and local efforts; proposes new opportunities for states and communities to develop, test, and improve the organization, financing, and delivery of a wide range of essential services for homeless people with severe mental illnesses; and recommends steps that state and local organizations can take to respond more appropriately to the needs of homeless people with serious mental illnesses.

Available From: National Resource Center on Homelessness and Mental Illness, Policy Research Associates, Inc., 345 Delaware Avenue, Delmar, NY 12054, (800) 444-7415, www.nrchmi.samhsa.gov.

Order #: 13489

Authors: Fernando, M., Velamoor, V., Cooper, A., Cernovsky, Z.

Title: **Some Factors Relating to Satisfactory Post-Discharge Community Maintenance of Chronic Psychotic Patients.**

Source: Canadian Journal of Psychiatry 35(1): 71-73, 1990. (Journal Article: 3 pages)

Abstract: This article discusses the length of time a group of seventy psychiatric patients could be maintained in the community following discharge from a provincial hospital. The authors assert that this time was significantly related to post-discharge compliance with medication and to the level of discharge planning (well planned versus unplanned, or patient prematurely self-discharged against medical advice). The article also states that various demographic and clinical variables were unrelated to the length of post-discharge survival in the community (authors).

Order #: 12882

Authors: Fortney, J., Sullivan, G., Williams, K., Jackson, C., Morton, S., Koegel, P.

Title: **Measuring Continuity of Care for Clients of Public Mental Health Systems.**

Source: Health Services Research 38(4): 1157-1175, 2003. (Journal Article: 18 pages)

Abstract: The aims of this research were to generate a set of time-variant measures of continuity of outpatient care using administrative data, and to evaluate the validity of these measures for persons in the community with serious mental illness (SMI) who use public mental health services. Individuals with SMI were identified using multistage random sampling from shelters, streets, and public mental health clinics in Houston, Texas. The study design was observational, cross-sectional, and retrospective. Based on a review of the literature, five distinct conceptual dimensions of continuity of care were defined: timeliness, intensity, comprehensiveness, stability, and coordination. Repeated measures of continuity were generated for each day of the year. Construct validity was assessed by comparing continuity for housed persons and homeless persons based on the assumption that homelessness is a risk factor for low continuity of outpatient care. Subjects were interviewed to collect sociodemographic and clinical information. Service use was retrospectively tracked through the administrative records of multiple public sector agencies. All five continuity measures demonstrated good construct validity by the fact that homelessness was significantly and substantially associated with lower continuity of care. The five continuity-of-care measures are relatively easy and inexpensive to generate using administrative data. The five continuity-of-care measures may be useful for identifying individuals at risk for poor outcomes and for evaluating the ability of public service systems to keep clients engaged in care over time (authors).

Homeless Prevention

Order #: 8292

Authors: Fosburg, L.B., Dennis, D.L. (eds.).

Title: **Practical Lessons: The 1998 National Symposium on Homelessness Research.**

Source: Washington, DC: U.S. Department of Housing and Urban Development and U.S. Department of Health and Human Services, 1999. (Report: 437 pages)

Abstract: Practical Lessons is the result of the National Symposium on Homelessness Research: What Works? This symposium was held on October 29-30, 1998 and was sponsored by the U.S. Department of Housing and Urban Development and the U.S. Department of Health and Human Services. The goal of this meeting was to examine the current state and future direction of research and evaluation. In addition, assistance was provided to policymakers and service providers in the development, implementation, and monitoring of housing and services that can more effectively serve the homeless population. Practical Lessons includes the revised editions of thirteen papers presented at the meeting by nationally recognized faculty. The topics addressed include prevention, special populations, clinical interventions, systems integration, case management, transitional services, permanent housing and employment, and consumer involvement.

Available From: HUD USER, P.O. Box 23268, Washington, DC 20026, (800) 245-2691, <http://aspe.os.dhhs.gov/progsys/homeless/symposium/Toc.htm>.

Order #: 13490

Authors: Gantt, A., Cohen, M., Sainz, A.

Title: **Impediments to the Discharge Planning Effort for Psychiatric Inpatients.**

Source: Social Work in Health Care 29(1): 1-14, 1999. (Journal Article: 14 pages)

Abstract: This study investigates a methodology to systematically track the effort to overcome impediments to securing needed post-hospital care and support. The authors state that 494 consecutive admissions to the Mount Sinai Medical Center were evaluated for the quality of available support resources in the domains of housing, daily activity, and psychiatric treatment using the Mount Sinai Discharge Planning Inventory. The authors assert that having an impediment in any of the three resource categories (housing, daily activities, psychiatric treatment services) at day seven was predictive of a sub-optimal discharge plan, and that of all three resource categories studied, a decline in overall impediments from day seven to discharge was significant only for psychiatric treatment services. The article also states that an internal/clinical impediment in any of the three resource categories on day seven was associated with a patient history of alcohol and drug abuse, and a significant association was found between having external/environmental impediments identified at discharge for housing and psychiatric treatment services with return to the hospital within 90 days of discharge. The authors conclude that the study of the impediments to the discharge planning effort provides an opportunity to elucidate the factors that comprise the pathway of recovery from psychiatric illness, but which are normally ill-defined, poorly understood, or not readily measured (authors).

Order #: 11468

Authors: Gateway House.

Title: **Homelessness in Delaware: Solutions to Eliminate Chronic Homelessness.**

Source: Wilmington, DE: Gateway House, 2001. (Report: 13 pages)

Abstract: This survey on homelessness in Delaware reveals that the demand for shelter and support exceeds the supply. Despite the booming economy of the past decade, homelessness dramatically increased through the mid-nineties and has leveled off at those higher numbers. These facts, along with the current economic downturn, clearly suggest that the imperative to eliminate homelessness is stronger than ever. Because homelessness is a problem that negatively impacts the quality of life for everyone in Delaware, everyone needs to be part of the solution. It is hoped that these findings will prove useful to all who design and implement programs that serve Delaware's homeless (authors).

Available From: Gateway House, 121 North Poplar Street, Wilmington, DE 19801, (302) 571-8885, www.gatewayhouse.ws.

Homeless Prevention

Order #: 12474

Authors: Georgia Department of Community Affairs.

Title: **State of Georgia: Homeless Action Plan to End Homelessness in Ten Years.**

Source: Atlanta, GA: Georgia Department of Community Affairs, 2002. (Report: 17 pages)

Abstract: This report outlines the goals and action steps that the Georgia policy team believes will enable the State to fully access the federal resources that will be necessary to end chronic homelessness in Georgia in the next decade. The goals are lofty, the action steps ambitious and the resources needed to accomplish these objectives will require the allocation of scarce additional state funding. The heart of this proposal is, however, quite simple. A relatively small number of all the individuals who are homeless are unable find their way back to a stable life. They suffer from physical and mental illnesses, alcoholism and drug addictions. They are homeless for extended periods of time, interrupted only by short confinements in public hospitals, jails and mental health institutions. These individuals are often referred to as "chronically" homeless. Institutional care at hospitals, jails and treatment facilities carries a very high, largely uncompensated cost to the State. Using national models authors have estimated that 1,600 chronically homeless individuals are living on the streets of Georgia. There is a solution that has proven to work in other States. Supportive housing that is affordable to the individual combined with services that are available to meet his or her ongoing supportive living needs. One will not work without the other. Housing without appropriate services, or services without stable, secure housing is doomed to fail (authors).

Available From: Georgia Department of Community Affairs, 60 Executive Park South, NE, Atlanta, GA 30329-2231, (404) 679-3170, www.dca.state.ga.us/housing/homeless_action_plan.html

Order #: 8774

Authors: Goodwin, R., Lyons, J.S.

Title: **An Emergency Housing Program as an Alternative to Inpatient Treatment for Persons with Severe Mental Illness.**

Source: Psychiatric Services 52(1): 92-95, 2001. (Journal Article: 4 pages)

Abstract: This study evaluated the feasibility and effectiveness of an emergency housing program as a step-down program after inpatient care, as a step-up program from community-based living, and as an alternative to inpatient care for individuals with serious mental illness who sought treatment at an urban medical center. One hundred sixty-one persons admitted consecutively to an emergency housing program were assessed at admission and again at discharge. The change in residents' clinical acuity and psychosocial status between admission and discharge was evaluated. Residents who had been admitted to the emergency housing program from inpatient psychiatric treatment showed a significant decline in acuteness of psychiatric symptoms. Psychiatric symptoms also improved for residents who were admitted to the program from community-based service programs and for residents admitted as an alternative to inpatient treatment, although the differences for these two groups were less prominent. The findings suggest that an emergency housing program is a feasible mode of extended community-based care for many persons with serious and persistent mental illness (authors).

Homeless Prevention

Order #: 12478

Authors: Greater Philadelphia Urban Affairs Coalition.

Title: **Our Way Home: A Blueprint to End Homelessness.**

Source: Philadelphia, PA: Greater Philadelphia Urban Affairs Coalition, 1998. (Report: 48 pages)

Abstract: This blueprint is based on the belief that homelessness is a solvable social crisis; that the combination of coordination, political will, resources and expertise can create real, effective solutions for those who experience homelessness; and that it is possible to return to a time when such cases of abject poverty and disenfranchisement are rare and exceptional occurrences in the city. At the heart of this blueprint are four convictions: homelessness is a solvable problem; to end homelessness, the Coalition must recognize and address both the societal and individual dimensions of the crisis; solving homelessness requires both short and long term solutions; and solving homelessness is critical to the economic development and overall health of the city (authors).

Available From: Greater Philadelphia Urban Affairs Coalition, 1207 Chestnut Street, Philadelphia, PA 19107, (215) 851-1915, www.homelessphila.org/gpuac.pdf

Order #: 13343

Authors: Haimowitz, S.

Title: **Slowing the Revolving Door: Community Reentry of Offenders with Mental Illness.**

Source: Psychiatric Services 55(4): 373-375, 2004. (Journal Article: 3 pages)

Abstract: This article discusses existing programs that help offenders with mental illness reenter the community in New York, Massachusetts, Texas and elsewhere. It also presents the key elements of a successful reentry program. These include written individual discharge plans and effective collaborations between criminal justice agencies and behavioral health providers.

Order #: 13492

Authors: Hall, M., DeFrances, C.

Title: **2001 National Hospital Discharge Survey. Advance Data From Vital and Health Statistics.**

Source: Hyattsville, MD: National Center for Health Statistics, 2003. (Newsletter: 18 pages)

Abstract: This report presents national estimates of the use of non-federal short-stay hospitals in the United States during 2001. The authors discuss numbers and rates of discharges, diagnoses, and procedures, classified by age and sex. Average lengths of stay are presented for all discharges and for selected diagnostic categories, and trend data for selected variables are also provided (authors).

Available From: National Center for Health Statistics, 3311 Toledo Road, Hyattsville, MD 20782, (301) 458-4000, www.cdc.gov/nchs/data/ad/ad332.pdf.

Authors: Hals, K.

Title: From Locked Up to Locked Out: Creating and Implementing Post-Release Housing for Ex-Prisoners.

Source: Seattle, WA: AIDS Housing of Washington, 2003. (Report: 170 pages)

Abstract: This is a report about the tragedy of homelessness among exiting prisoners. It is written for anyone who believes in building and filling more homes for ex-prisoners instead of more jails to which they can return when homelessness, among other problems, sends them on a U-turn back to lock-up. It is a starting point for planning post-release housing and related services to support the transition out of prison. It is also written to improve housing programs where ex-prisoners now live but, perhaps, do not fit in or succeed. This book also intends to dispel fear. Housing providers with minimal experience in the field of criminal justice often have anxiety about serving ex-prisoners. In response, the book explains who today's prisoners really are and the degree to which many belong more to the mainstream of society, even if to its most unfortunate tributary, than to a subgroup of sociopaths. Also explained are the dynamics of prison life, the experience of coming back to society, and how helpers who have not been behind bars themselves can learn to relate to those who have. Throughout, the book presents examples of post-release housing and related services. It shares the opinions of those who succeeded at melding the worlds of housing and criminal justice together. It offers advice, from the concrete to the philosophical, about how to create and implement such programs. For readers looking for more information on particular topics, references for other reports, books, websites, and videos are listed for this purpose (authors).

Available From: AIDS Housing of Washington, 2014 East Madison, Suite 200, Seattle, WA 98122, (206) 322-9444, www.aidshousing.org.

Authors: Hals, K.

Title: From Locked Up to Locked Out: Creating and Implementing Post-release Housing for Ex-prisoners.

Source: Seattle, WA: AIDS Housing of Washington, 2003. (Report: 170 pages)

Abstract: This guide is intended to serve as a training resource for community-based organizations to help educate the supportive housing community about how to increase supportive housing opportunities for ex-offenders immediately upon release from incarceration (author).

Available From: AIDS Housing of Washington, 2014 East Madison Street, Suite 200, Seattle, WA 98122, (206) 322-9444, info@aidshousing.org, www.aidshousing.org/usr_doc/From_Locked_up_to_Locked_Out.pdf

Authors: Hanrahan, P., Oakley, D., Rickards, L.D., Luchins, D.J., Herrell, J.M., Conrad, K.J., Matters, M.D., Gallagher, C.

Title: Cross-Site Issues in the Collaborative Program to Prevent Homelessness: Conclusion.

Source: Alcohol Treatment Quarterly 17(1/2): 187-208, 1999. (Journal Article: 22 pages)

Abstract: In this article, the similarities and differences between the project sites of the CMHS/CSAT Collaborative Program to Prevent Homelessness are described on the dimensions of: logic models, populations, outreach and enrollment procedures, theoretical perspectives, intervention components, stages of treatment and recovery, approaches to harm reduction, use of case management models, policies regarding the relapse and retention, and goals and anticipated outcomes.

Authors: Hausman, K.

Title: Mentally Ill Inmates Win Right to Discharge Planning.

Source: Psychiatric News 28(6): 21, 2003. (Journal Article: 1 page)

Abstract: This article discusses the outcome of the class-action lawsuit against New York City, to mandate the provision of discharge-planning for mentally ill inmates. To settle the suit against it, New York City agreed to implement a comprehensive discharge-planning program that will follow mentally ill inmates into the community. Before it decided to settle the case, the city lost two appeals of a July 2000 ruling by a state trial court that ordered the city to begin such a program. The suit against the city argued that while city law mandates discharge planning that provides continuity of care for inmates receiving mental health care, the city routinely sends inmates back to the community with no postdischarge agreements in place.

Authors: Herman, D., Opler, L., Felix, A., Valencia, E., Wyatt, R.J., Susser, E.

Title: A Critical Time Intervention with Mentally Ill Homeless Men: Impact on Psychiatric Symptoms.

Source: Journal of Nervous and Mental Disease 188(3): 135-140, 2000. (Journal Article: 6 pages)

Abstract: This article describes the impact of a psychosocial intervention, critical time intervention (CTI), on the cardinal symptoms of schizophrenia, namely negative, positive, and general psychopathology. Ninety-six men with schizophrenia and other psychotic disorders who were discharged from a homeless shelter were randomly assigned to receive either CTI or usual services only. CTI is a time-limited intervention designed to enhance continuity of care during the transition from institution to community. Symptom severity was assessed at baseline and at six months. The results suggest that CTI was associated with a statistically significant decrease in negative symptoms at the six-month follow-up, reflecting modest clinical improvement. There was no significant effect on positive or general psychopathology symptoms (authors).

Authors: Holliman, D., Dziegielewski, S., Teare, R.

Title: Differences and Similarities Between Social Work and Nurse Discharge Planners.

Source: Health and Social Work 28(3): 224-231, 2003. (Journal Article: 7 pages)

Abstract: This article discusses how, historically the tasks involved in discharge planning have been a part of the practice of social work as well as the field of nursing. Based on a study conducted in 1998, which measured the responses of 178 nurses and social workers who practiced discharge planning in 58 different hospitals in Alabama, the authors state that social workers as well as nurses continued to be important service providers in the area of discharge planning. The article states that demographic data, work setting, caseload, and task difference were compared and significant differences were reported. This article makes recommendations for social work's participation in advocacy, policy, and outcome research in discharge planning (authors).

Homeless Prevention

Order #: 8083

Authors: Holter, M.C.

Title: **An Intervention to Reduce Recurrent Homelessness Among Severely Mentally Ill Men: Benefit-Cost Analysis.**

Source: New York, NY: Columbia University, 1998. (Dissertation/Thesis: 171 pages)

Abstract: This study reports a benefit-cost analysis of the Critical Time Intervention (CTI) for homeless mentally ill men in transition from shelter to community. The clinical trial randomly assigned 96 sheltered mentally ill individuals to an experimental group receiving CTI or a control group receiving usual services. Subjects were interviewed prior to randomization and monthly for 18 months after discharge from the shelter. The major findings were that CTI led to lower costs by enabling more independent living, less use of acute mental health services, and reduced shelter use. While it was unclear whether the costs were offset completely in the 18-month period, when results were imputed for nine months beyond the observation period, the costs were completely offset, resulting in net societal benefits. The author concludes the findings support the development of CTI-model interventions for those making transitions from shelters to community living.

Order #: 11986

Authors: Homeless Needs Assessment Project.

Title: **Facing Homelessness: A Study of Homelessness in Chicago & the Suburbs.**

Source: Chicago, IL: Regional Roundtable on Homelessness, 2002. (Report: 16 pages)

Abstract: This report provides the most comprehensive data on the area's homeless populations, provides critical new regional data, and is unique in that it compiles information from people who are homeless, providers, and people at risk of homelessness. This report offers policymakers and practitioners valuable information to guide them in developing programs that prevent first-time and repeat spells of homelessness as well as ameliorate the effects of homelessness. This research will also help local officials guide the allocation of public and private sector resources to areas of greatest need (authors).

Available From: Regional Roundtable on Homelessness, 208 South LaSalle Street, Suite 1818, Chicago, IL 60604, (312) 660-1349.

Order #: 13494

Authors: Hospital Peer Review.

Title: **New Discharge Planning Standards are Issued.**

Source: Hospital Peer Review 25(11): 149-150, 2000. (Journal Article: 2 pages)

Abstract: This article discusses the Joint Commission's issued standards for discharge planners. The authors state that these new standards call for early planning and alert the patient and the patient's family to what lies beyond the hospital stay. The article asserts that the new standard places special importance on this information if the patient is expected to be transferred to another care facility (authors).

Order #: 2666

Authors: Howenstine, E.J.

Title: **Homeless Prevention: A Modern Challenge.**

Source: Cities 11(2): 83-85, 1994. (Journal Article: 3 pages)

Abstract: This article describes policy initiatives for the prevention of homelessness. The author contends that a positive homeless prevention policy requires action on three different levels: (1) an emergency program to meet the threat of eviction; (2) a substantive housing program to close the increasing gap between the supply of and the demand for affordable housing; and (3) a comprehensive social and economic approach to protect precarious households from falling into homelessness (author).

Homeless Prevention

Order #: 13495

Authors: Iglehart, A.

Title: **Discharge Planning: Professional Perspectives Versus Organizational Effects.**

Source: Health and Social Work 15(4): 301-309, 1990. (Journal Article: 9 pages)

Abstract: This article discusses the rise in legitimacy and visibility of hospital discharge planning, which has been accompanied by competition between social work and nursing over control of this function. The author used a survey of 229 California hospitals to test the hypothesis that the discharge planning process is the same regardless of the discipline or department in which it is located. The article states that the only significant difference among the social work, nursing, and administrative departments was in the type of staff used. The author asserts that social work departments were more likely to have both a social worker and a nurse on the discharge planning staff and on the discharge planning team. More collaborative bonds between social work and nursing is suggested (author).

Order #: 11463

Authors: Indianapolis Housing Task Force.

Title: **Blueprint to End Homelessness in Indianapolis: An Initiative of the Indianapolis Housing Task Force.**

Source: Indianapolis, IN: Indianapolis Housing Task Force, 2002. (Report: 49 pages)

Abstract: This blueprint includes detailed strategies, recommendations and action steps as well as preliminary timelines for the first five years of the plan. The initial five-year housing plan includes estimated costs and proposed funding sources. For some goals, the plan recommends the development of action plans with further specificity. Details for carrying out the initiatives and measuring community success are also included. The plan designates a lead entity the Coalition for Homelessness Intervention and Prevention (CHIP) that will focus its energies on mobilizing the community's resources to ensure the plan's successful implementation.

Available From: Coalition for Homelessness Intervention and Prevention, 960 East Washington Street, Suite 200B, Indianapolis, IN 46202, (317) 630-0853, chip@chipindy.org, www.chipindy.org/ENTIREreportnophotos.pdf.

Order #: 13118

Authors: Interagency Council on Homelessness.

Title: **Hope for the Homeless Plan to End Homelessness in Northwest Louisiana. Ending Homelessness: What Will It Take?**

Source: Washington, DC: Interagency Council on Homelessness, 2004. (Blueprint: 25 pages)

Abstract: This blueprint is designed to implement a 10-year plan to end homelessness developed by a collaborative of over 60 local public and private organizations and individuals in northwest Louisiana. Among the strategies outlined in the plan are discharge planning to prevent homelessness among people exiting public systems of care, using a housing first approach to re-house people who are homeless, and collecting and analyzing regional data across homeless and mainstream systems to improve policy planning (authors).

Available From: Interagency Council on Homelessness, 451 Seventh Street SW, Suite 2100, Washington, DC 20410, (202) 708-4663, www.ich.gov.

Homeless Prevention

Order #: 2404

Authors: Interagency Council on the Homeless.

Title: **Priority: Home! The Federal Plan to Break the Cycle of Homelessness.**

Source: Washington, DC: U.S. Department of Housing and Urban Development, 1994. (Report: 126 pages)

Abstract: In May of 1993 President Clinton signed an Executive Order directing the 17 federal agencies that make up the Interagency Council on the Homeless (ICH) to prepare "a single coordinated Federal Plan for breaking the cycle of existing homelessness and for preventing future homelessness." A product of that effort, this document describes the changing nature of homelessness in the United States, briefly reviews the characteristics of the homeless population, and goes on to sketch the causes and outline the scale of the problem. It then turns to a concise history of programs mounted to assist homeless individuals and families in the 1980s. It evaluates those efforts and makes recommendations for new policies and programs to end homelessness. The authors contend that the ultimate answer to homelessness is also the answer to poverty (authors).

Available From: U.S. Department of Housing and Urban Development, 451 Seventh Street SW, Washington, DC 20410, (202) 708-1112, www.hud.gov.

Order #: 8906

Authors: Interagency Council on the Homeless.

Title: **Exemplary Practices in Discharge Planning: Working Conference on Discharge Planning Report and Recommendations.**

Source: Washington, DC: Interagency Council on the Homeless, 1997. (Report: 19 pages)

Abstract: The Interagency Council on the Homeless convened a Working Conference on Discharge Planning in June 1997 to identify and build consensus for the key elements of effective discharge planning and to develop recommendations for exemplary discharge planning practice. The statements and recommendations in this report represent the consensus of the Working Conference. They are organized in five categories: roles and responsibilities; elements of an effective discharge plan; collaboration and partnerships; and funding and cost issues. This report is intended to assist states, institutions and facilities, local communities, and the Department of Veteran Affairs to develop and implement effective discharge planning systems and practices.

Order #: 10956

Authors: Interagency Council on the Homeless.

Title: **Report to the Interagency Council on the Homeless: Recommended Action Steps.**

Source: Washington, DC: Interagency Council on the Homeless, 1994. (Report: 4 pages)

Abstract: This report represents recommendations from the Interagency Council on the Homeless' Subgroup on Improving Discharge Planning. The group recognized that the heterogeneity of the homeless population and the diversity of their needs across housing, income, employment and job training skills, legal issues, health care, and mental health and substance abuse treatment requires multi-departmental and multi-agency collaboration. Discharge planning takes place in a variety of institutional settings with varying approaches. Recommendations on discharge planning from the report "Priority: Home! The Federal Plan to Break the Cycle of Homelessness" and additional implementation activities proposed by the subgroup include: strengthening discharge and aftercare planning; identifying effective discharge planning strategies; and using the Department of Veterans Affairs as an exemplary model.

Homeless Prevention

Order #: 11543

Authors: Interagency Task Force on Homelessness.

Title: **Recommendations of the Interagency Task Force on Homelessness.**

Source: Sacramento, CA: Interagency Task Force on Homelessness, 2002. (Report: 103 pages)

Abstract: This report from the California Interagency Task Force on Homelessness includes proposals in the areas of housing, assessment, prevention, integration of programs and services as well as cross-cutting issues. Selected recommendations include: creating a state Council on Homelessness, an Advisory Panel on Homelessness, and a state Office on Homelessness; expanding an existing state agency or create a new one authorized to override local government land-use decisions; expanding the Department of Social Services contracts for the Outpatient Substance Abuse Program for Low-Income Women and Their Children to provide a supportive housing subsidy component for women who successfully complete treatment; and creating a new category of Alcohol and Other Drug (AOD) Program Certification entitled the Homeless Shelter Program (authors).

Available From: Interagency Task Force on Homelessness, 1800 Third Street , P.O. Box 952050, Sacramento, CA 94252-2050, (916) 445-4782, www.hcd.ca.gov/hpd/iatf_july2002recommendations.pdf.

Order #: 2036

Authors: Jahiel, R.I.

Title: **Toward the Prevention of Homelessness.**

Source: In Jahiel, R.I. (ed.), *Homelessness: A Prevention-Oriented Approach*. Baltimore, MD: The Johns Hopkins University Press, 1992. (Book Chapter: 13 pages)

Abstract: This chapter provides an assessment of the effort needed for, and the cost of, full prevention of homelessness in the short term. Three scenarios for the short-term evolution of homelessness in the United States are presented. The interactions of forces for prevention and forces for resistance to it are discussed in each instance, along with strategic considerations to promote prevention. In the third part of the chapter, prospects for the long term, 10-30 years down the road, are discussed (author).

Order #: 1715

Authors: Jahiel, R.I.

Title: **Preventive Approaches to Homelessness.**

Source: In Jahiel, R.I. (ed.), *Homelessness: A Prevention-Oriented Approach*. Baltimore, MD: The Johns Hopkins University Press, 1992. (Book Chapter: 14 pages)

Abstract: This chapter first describes the prevention paradigm as it applies to homelessness, then sketches three types of technical factors influencing prevention efforts related to homelessness (empirical data regarding homeless people and homelessness, theories of homelessness, and the tools with which different types of prevention strategies may be implemented). Lastly, the political factors and policy priorities that have influenced preventive approaches to homelessness in the 1980s are reviewed (author).

Order #: 1616

Authors: Jahiel, R.I.

Title: **Homelessness: A Prevention-Oriented Approach.**

Source: Baltimore, MD: The Johns Hopkins University Press, 1992. (Book: 409 pages)

Abstract: The material in this book is organized into five parts. The first two parts focus on homeless people and the next two parts on the social environment. Part one, "Homeless People in Their Environment," summarizes current knowledge of homeless people. Part two, "Interventions Directed at Homeless People," draws on the knowledge of the homeless population gained in part one to assess services in relation to needs. Part three, "The Social Context of Homelessness," examines the social factors associated with the rise of homelessness. Part four is entitled "Interventions Directed at the Social Environment." Part five, "Methodology," assesses some critical methodological problems of studies of homelessness.

Authors: Jones, K.

Title: Cost-Effectiveness of Critical Time Intervention to Reduce Homelessness Among Persons with Mental Illness.

Source: Psychiatric Services 54(6):884-890, 2003. (Journal Article: 7 pages)

Abstract: In this article, the authors investigate the cost-effectiveness of the critical time intervention program, a time-limited adaptation of intensive case management, which has been shown to significantly reduce recurrent homelessness among men with severe mental illness. Ninety-six study participants recruited from a psychiatric program in a men's public shelter from 1991-1993 were randomly assigned to the critical time intervention program or to usual services. The authors state that the critical time intervention group experienced significantly fewer homeless nights than the usual care group. The article concludes that the critical time intervention program is not only an effective method to reduce recurrent homelessness among persons with severe mental illness but also represents a cost-effective alternative to the status quo (authors).

Authors: Kadushin, G., Kulys, R.

Title: Discharge Planning Revisited: What do Social Workers Actually do in Discharge Planning?

Source: Social Work 38(6): 713-726, 1993. (Journal Article: 13 pages)

Abstract: This article discusses whether discharge planning has a primarily focus on the provision of concrete services, counseling, or both. The authors asserts that, within a structured interview format, eighty social workers in thirty-six acute care hospitals were asked to estimate the amount of time they spent on and the importance of seventy-three discharge planning tasks. The article states that respondents were also asked to locate themselves on an activity continuum. The survey results are discussed in terms of the prospective payment system's emphasis on expeditious discharge and the challenge to social workers in enabling patients and families to have some control over decision making in this climate (authors).

Authors: Kingree, J.B., Stephens, T., Braithwaite, R., Griffin, J.

Title: Predictors of Homelessness Among Participants in a Substance Abuse Treatment Program.

Source: American Journal of Orthopsychiatry 69(2): 261-266, 1999. (Journal Article: 6 pages)

Abstract: In this article, risk factors for homelessness were examined prospectively among recent participants in a residential substance abuse treatment program for low-income individuals. Low levels of support from friends, greater depression, and recent substance use were bivariately associated with homelessness two months following completion. However, friend support was the only factor associated with homelessness after controlling for other significant bivariate predictors. The authors conclude that interventions to bolster social relations hold potential for preventing future homelessness.

Homeless Prevention

Order #: 7782

Authors: Kirby, M.W., Braucht, N., Brown, E., Krane, S., McCann, M., VanDeMark, N.

Title: **Dyadic Case Management as a Strategy for Prevention of Homelessness Among Chronically Debilitated Men and Women with Alcohol and Drug Dependence.**

Source: Alcohol Treatment Quarterly 17(1/2): 53-71, 1999. (Journal Article: 19 pages)

Abstract: The PROUD (Project to Reduce Over-Utilization of Detoxification) Homelessness Prevention Project of Arapahoe House, Inc., in Denver uses a pair or dyad of case managers to address the individualized client needs of a target population characterized chiefly by chronic utilization of public detoxification services. Based on a Stages of Change model, PROUD aims to offer a cost-effective managed-care strategy for reducing over-utilization while simultaneously coordinating a more optimal mix of substance abuse and housing services. The intervention model focuses on intensive contact with clients, including recruitment, engagement, relationship- and skills-building, housing stabilization, and advocacy. Informal evaluations have shown PROUD to be effective in reducing the number of days and the number of episodes of detoxification.

Order #: 13521

Authors: Klein, J., Walker, P., Feinstein, C., Margeson, P., Jones, D.L.

Title: **Strategies and Challenges in Promoting Transitions from Nursing Facilities to the Community for Individuals with Disabilities: A Pilot Study of the Implementation of Rider 37 in Texas.**

Source: Chestnut Hill, MA: Independent Living Research Utilization Program of TIRR, 2004. (Report: 26 pages)

Abstract: The Community Living Exchange Collaborative at Independent Living Research Utilization (ILRU), the National Resource Center on Supported Living and Choice, and the Center for Housing and New Community Economics conducted a small pilot qualitative study of the implementation of Rider 37 from June 1, 2003 through September 30, 2003. The objective of the pilot study was to investigate the implementation of Rider 37, with a focus on the transition process as well as quality of life outcomes in the community. Six people who moved out of nursing facilities under the Texas initiative participated in interviews. Individuals who assisted each of the six people in the transition, as well as other key stakeholders, also participated in interviews (authors).

Available From: ILRU of TIRR, Boston College, McGuinn Hall 602, 140 Commonwealth Avenue, Chestnut Hill, MA 02062, (617) 552-6728, www.communitylivingta.info/moreInfo.php/topic/45/ofs/10/doc/595/Strategies_and_Challenges_in_Promoting_Transitions

Order #: 10484

Authors: Knickman, J.R., Weitzman, B.C.

Title: **A Study of Homeless Families in New York City: Risk Assessment Models and Strategies for Prevention.**

Source: New York University, New York, NY, 1989. (Report: 43)

Abstract: This report presents the findings from a study of: (1) the characteristics of homeless families compared to domiciled public assistance families; (2) identification of risk factors for family homelessness; and (3) recommendations for public initiatives to prevent family homelessness. The study involved extensive data collection and analysis of the experiences 1,228 New York City families. The primary source of data was an in-person survey of 704 homeless families as they requested shelter at emergency assistance units and 524 public assistance families during their scheduled recertification interviews at income maintenance centers.

Homeless Prevention

Order #: 12988

Authors: La Vigne, N.G., Thomson, G.L., Visser, C., Kachnowski, V., Travis, J.

Title: **A Portrait of Prisoner Re-entry in Ohio.**

Source: Washington, DC: Urban Institute, 2003. (Report: 85 pages)

Abstract: This report describes the process of prisoner reentry in Ohio by examining the policy context surrounding reentry in Ohio, the characteristics of inmates exiting Ohio prisons, the efforts to prepare inmates for release, the geographic distribution of prisoners returning home, and the social and economic climates of the communities that are home to some of the highest concentrations of released prisoners. This report does not attempt to evaluate a specific reentry program or empirically assess Ohio's reentry policies and practices. Rather, the report consolidates existing data on Ohio prisoners released in 2001 (authors).

Available From: Urban Institute, 2100 M Street, NW, Washington, DC 20037, (877) 847-7737, www.urban.org/url.cfm?ID=410891

Order #: 10078

Authors: Lamb, H.R., Bachrach, L.

Title: **Some Perspectives on Deinstitutionalization.**

Source: Psychiatric Services 52(8):1039-1045, 2001. (Journal Article: 7 pages)

Abstract: In this article, the authors discuss what can be learned from our experience with deinstitutionalization. The deinstitutionalization of mentally ill persons has three components: the release of these individuals from hospitals into the community, their diversion from hospital admission, and the development of alternative community services. The greatest problems have been in creating adequate and accessible community resources. Where community services have been available and comprehensive, most persons with severe mental illness have significantly benefited. On the other hand, there have been unintended consequences of deinstitutionalization -- a new generation of uninstitutionalized persons who have severe mental illness, who are homeless, or who have been criminalized and who present significant challenges to service systems. Among the lessons learned from deinstitutionalization are that successful deinstitutionalization involves more than simply changing the locus of care; that service planning must be tailored to the needs of each individual; that hospital care must be available for those who need it; that services must be culturally relevant; that severely mentally ill persons must be involved in their service planning; that service systems must not be restricted by preconceived ideology; and that continuity of care must be achieved (authors).

Order #: 13460

Authors: Legal Action Center.

Title: **After Prison: Roadblocks to Reentry. A Report on State and Legal Barriers Facing People With Criminal Records.**

Source: New York, NY: Legal Action Center, 2004. (Report: 26 pages)

Abstract: This report focuses on the obstacles facing people with experience in the criminal justice system upon their reentry to society. The authors grade each state on whether its law and policies help or hurt those seeking reentry. This report includes a comprehensive catalogue of each state's legal barriers to employment, housing, benefits, voting, access to criminal records, parenting, and driving. The authors make recommendations on how federal and state policymakers can help reintegrate people with criminal records into society in ways that better promote public safety (authors).

Available From: Legal Action Center, 153 Waverly Place, New York, NY 10014, (212) 243-1313, www.lac.org/lac/upload/lacreport/LAC_PrintReport.pdf.

Homeless Prevention

Order #: 13652

Authors: Legal Action Center.

Title: **Housing Laws Affecting Individuals with Criminal Convictions.**

Source: New York, NY: Legal Action Center, 2001. (Guide: 2 pages)

Abstract: This summary describes the aspects of the federal public housing laws that govern the admission and eviction of people with criminal histories into federally assisted housing, including: the public housing law requires public housing agencies and providers of Section 8 and other federally assisted housing to deny housing to certain individuals; the public housing law permits public housing agencies and providers of Section 8 and other federally assisted housing to deny housing to households if a member has certain kinds of criminal records; and public housing agencies and providers of Section 8 housing have the right to obtain criminal records for tenants and applicants (authors).

Available From: Legal Action Center, 153 Waverly Place, New York, NY 10014, (212) 243-1313, (800) 223-4044, www.lac.org/pubs/gratis.html, lacinfo@lac.org

Order #: 3106

Authors: Lezak, A.D., Edgar, E.

Title: **Preventing Homelessness Among People with Serious Mental Illnesses: A Guide for States.**

Source: Rockville, MD: Center for Mental Health Services, 1998. (Report: 50 pages)

Abstract: This paper has three objectives: to demonstrate the need for prevention-oriented approaches to end homelessness among people who have serious mental illnesses; to make recommendations regarding state-level strategies to strengthen prevention efforts; and to give examples of specific state-supported initiatives and local efforts that are assisting people who have a serious mental illness to avoid homelessness. Many of these state and local initiatives serve to expand the reach of federal homelessness assistance programs. The report is designed primarily for those involved in planning and administering mental health programs and services for homeless people (authors).

Order #: 7142

Authors: Lightman, E.S.

Title: **Discharge Planning and Community Housing in Ontario.**

Source: In Aviram, U. (ed.), *Social Work in Mental Health: Trends and Issues*. Binghamton, NY: The Haworth Press, 63-75, 1997. (Book Chapter: 13 pages)

Abstract: This chapter discusses the lack of sufficient community supports available to assist vulnerable persons discharged from hospitals in Ontario, Canada, with no place to go. The process by which vulnerable adults end up in unsuitable community settings as a result of deinstitutionalization is explored. The article places particular focus on the difficult role played by the discharge planner as conduit from hospital to community. The author discusses the situation of the planner being caught in the middle, facing hospital directives to empty beds, alongside an acute shortage of suitable housing in the community. The problem with many persons being discharged to unregulated housing is presented. Discharge planners' roles as well as implications for future discharge planning are also discussed (author).

Homeless Prevention

Order #: 1297

Authors: Lindblom, E.N.

Title: **Toward a Comprehensive Homelessness-Prevention Strategy.**

Source: Housing Policy Debate 2(3): 957-1025, 1991. (Journal Article: 69 pages)

Abstract: The initial response to homelessness in the United States has focused on stop and go measures to address the dire need for emergency food and shelter, and then on providing additional assistance to homeless persons to help them move out of homelessness. New preventive measures to help people avoid becoming homeless have largely been ignored. But now that efforts to provide emergency food and shelter are well under way throughout the country, many more experts, policymakers, and service organizations have begun focusing on homelessness prevention. Nevertheless, actual prevention efforts are still tentative and somewhat haphazard. In support of a more rapid expansion of effective homelessness prevention activities, this paper discusses the benefits of prevention, develops an initial framework for a comprehensive homelessness-prevention strategy, and, using this framework, evaluates existing prevention efforts and suggests new initiatives.

Order #: 6433

Authors: Lindblom, E.N.

Title: **Preventing Homelessness.**

Source: In Baumohl, J. (ed.), Homelessness In America. Phoenix, AZ: Oryx Press, 187-200, 1996. (Book Chapter: 14 pages)

Abstract: The author explains that prevention is needed to help solve the homeless problem, not to just alleviate it. Issues examined include: cost-effectiveness and targeting those most at risk; preventing homelessness at the sources; keeping people in shared housing; assisting those displaced from condemned or destroyed buildings; transition assistance; prevention strategies for institutional releases; discharges from mental hospitals; and emancipation from foster care. The interventions discussed in this chapter offer a variety of community-based approaches that could be put to use to immediately to prevent people from becoming homeless. The author contends that in order to seriously eliminate homelessness as a significant national problem, a prevention-based strategy offers the most practical and promising way to proceed.

Order #: 7731

Authors: Luchins, D.J., Hanrahan, P., Conrad, K.J., Savage, C., Matters, M.D., Shinderman, M.

Title: **An Agency-Based Representative Payee Program and Improved Community Tenure of Persons with Mental Illness.**

Source: Psychiatric Services 49(9): 1218-1222, 1998. (Journal Article: 5 pages)

Abstract: This article examined a representative payee program operated by a community mental health center to determine the criteria used by clinicians and case managers to refer clients to the program and to learn whether participation in the program was associated with reductions in hospitalization. The study included 56 individuals with severe mental illness who were enrolled in the representative payee program at Community Counseling Centers of Chicago for one year and who also had received services from the agency for at least one year before enrollment. The most common criteria for enrollment in the representative payee program were comorbid substance abuse or dependence (49%), a history of homelessness (33%), and frequent hospitalizations (32%). During the year of participation in the payee program, the mean number of days spent in state hospitals decreased markedly when compared to the previous year, from 68 days to seven days. The results suggest that the representative payee program is quite effective in reducing hospital stays (authors).

Homeless Prevention

Order #: 10596

Authors: Majka, G.

Title: A Case Management, Education, and Prevention Program at a Small Emergency Shelter for Homeless Men: One's Nurse's Experience

Source: Journal of Emergency Nursing, 27(3): 255-259, 2001. (Journal Article: 5 pages)

Abstract: This article discusses one nurse's experience in providing on site health care for people in a homeless shelter. It presents the nurse's thoughts about working with people at the shelter as well as some of the common medical problems faced by those at the shelter. In this article Gene Majka describes his experiences working in a small emergency shelter for homeless men. It started out as a 100 hour practicum in a graduate cultural diversity class at DePaul, for which he had to select an unfamiliar group of people who were medically underserved. The author is now servicing this shelter full time. He presently runs the shelter's health care case management program. He has finished his graduate studies as an adult nurse practitioner and hopes to obtain a collaborative agreement with a physician to provide a wider range of primary services for the men at the shelter. He is also working with the shelter staff on a proposal for a homeless respite program, which would include having a 24-hour place (possibly an apartment) for the homeless who are in between hospital discharge and the shelter and need a place to recover.

Order #: 10945

Authors: Mangano, P.F.

Title: Discharge Planning.

Source: Boston, MA: Massachusetts Housing and Shelter Alliance, 1999. (Presentation: 15 pages)

Abstract: This PowerPoint presentation given at the National Health Care for the Homeless Council's Policy Symposium highlights the general principles of discharge planning including definitions; goals; elements of successful discharge planning; discharge planning resources; and federal legislative progress. Key principles adopted by the Massachusetts Housing and Shelter Alliance to ensure successful re-entry into the community and the linkage of the individual to essential community services and supports are presented.

Available From: Massachusetts Housing and Shelter Alliance, 5 Park Street, Boston, MA 02108, (617) 367-6447, www.nhchc.org/discharge/discharge_planning_banner.htm.

Order #: 12173

Authors: Maricopa Association of Governments.

Title: Ending Homelessness is Everyone's Responsibility: Regional Plan to End Homelessness.

Source: Phoenix, AZ: Maricopa Association of Governments, 2003. (Report: 60 pages)

Abstract: This plan includes regional goals as well as strategies for communities and is arranged according to four key themes (increase funding, prevent homelessness, remove barriers to access, and improve data collection/outcomes). Examples of the plan's strategies include: increase permanent affordable housing and support services for low income and homeless people to prevent homelessness and facilitate the movement into housing; secure comprehensive, standardized pre-release planning from the corrections system for every release; advocate housing people with immediate or past criminal records by: identifying and developing relationships with housing managers and developers who will accept tenants with criminal histories, identifying affordable housing vacancies, and increasing affordable permanent and transitional housing and supportive services for people upon release; develop a coordinated outreach effort targeted to chronically homeless individuals; advocate for and provide technical assistance to develop a housing first approach with support services as needed for individuals with mental illness and/or addictions; increase access to substance abuse treatment and general mental health services and develop housing for those receiving such services; advocate for scattered site low demand shelters throughout the region; and quantify the number of homeless people to better inform policy and advocacy efforts.

Available From: Maricopa Association of Governments, 302 North First Avenue, Suite 300, Phoenix, AZ 85003, (602) 254-6300, www.endhomelessness.org/localplans or www.mag.maricopa.gov/pdf/cms.resource/Homeless-Plan-2003.pdf

Homeless Prevention

Order #: 3386

Authors: Marin, M.V., Vacha, E.F.

Title: Self Help Strategies and Resources Among People at Risk of Homelessness: Empirical Findings and Social Services Policy.

Source: Social Work 39(6): 649-657, 1995. (Journal Article: 9 pages)

Abstract: Very little is known about self-help strategies and resources that exist among poor households and their role in the prevention of homelessness. This study examines the characteristics of homeless people who stay with their friends and relatives. It also examines their relationships with those who house them. Survey data revealed differences in the helping strategies and resources of those who double up. The respondents' gender, race, presence of children, and dependence on public assistance appear to influence the opportunities to double up with friends or relatives. Recommendations are made to enhance the living conditions among doubled-up households so they may continue to serve as a foundation in the prevention of homelessness (authors).

Order #: 11662

Authors: Massachusetts Behavioral Health Partnership.

Title: Discharge Planning for Adults Who are Homeless. Treatment Improvement Series 1.

Source: Boston, MA: The Massachusetts Behavioral Health Partnership, 2000. (Manual: 7 pages)

Abstract: This Improvement Series is offered in response to, and in support of initiatives begun to increase awareness of and improve discharge planning for people who are homeless who are receiving care in acute settings (inpatient, detox, and crisis stabilization programs). The Partnership has developed the Treatment Improvement Series to ensure that the mental health and substance abuse treatment available through the Partnership's provider network is of the highest quality and optimally responsive to high risk members. The Improvement Series is designed to educate providers regarding improvement protocols, to articulate expectations regarding staff training, and to review treatment improvement monitoring systems (authors).

Available From: The Massachusetts Behavioral Health Partnership, 150 Federal Street, 3rd Floor, Boston, MA 02110, (800) 495-0086, www.masspartnership.com.

Order #: 13001

Authors: Massachusetts Governor's Executive Commission for Homeless Services.

Title: Housing the Homeless: A More Effective Approach.

Source: Boston, MA: Massachusetts Governor's Executive Commission for Homeless Services, 2003. (Report: 12 pages)

Abstract: This report examines how to more effectively respond to homelessness in the state of MA. The five major themes that emerged from their examination were: an increased need for housing affordable to those with very low incomes; stronger focus on prevention; improve coordination of services; improved data collection, coordination and reporting; and need to establish a state interagency council on homelessness and housing. As a result, the Commission decided to take the bold step of moving from a 'shelter-first' system to a 'housing first' model in addressing the Commonwealth's homelessness crisis. There will always be a need for temporary emergency shelter, but the real challenge is to prevent people from becoming homeless or to quickly move them towards permanent housing when they do become homeless (authors).

Available From: Commonwealth of Massachusetts, Massachusetts Governor's Executive Commission for Homeless Services, 200 Arlington Street, Chelsea, MA 02150, (866) 888-2808, ECHSC@state.ma.us, www.state.ma.us/homelesscommission

Homeless Prevention

Order #: 11489

Authors: Massachusetts Housing and Shelter Alliance.

Title: **Essential Tools for Discharge Planning.**

Source: Nashville, TN: National Health Care for the Homeless Council, 2002. (Resource Guide: 250 pages)

Abstract: These materials, developed by the Massachusetts Housing and Shelter Alliance, provide practical models that are replicable in many communities, as well as the major documents on the topic from the national level. Various public and private institutions contribute to homelessness by discharging their wards to the streets or shelters. Ending such practices is an important, current tactic in the struggle to end homelessness itself. The National Health Care for the Homeless Council encourages health care providers and other advocates for people who are homeless to examine the impact of ineffective institutional discharges on homelessness in their own communities and to advocate for policies that will help prevent homelessness. These "Essential Tools for Discharge Planning" will assist in investigating and organizing around these issues (author).

Available From: National Health Care for the Homeless Council, P.O. Box 60427, Nashville, TN 37206, (615) 226-2292, www.nhchc.org/discharge/discharge_planning_main.htm.

Order #: 13594

Authors: McBride, N.

Title: **Reaching In to Help Out: Relationships Between HCH Projects and Jails.**

Source: Nashville, TN: National Health Care for the Homeless Council, 2004. (Report: 28 pages)

Abstract: This report examines the issues surrounding individuals transitioning from jail to community health providers. Working from interviews with nine HCH projects around the country, the author outlines ten significant issues of concern including formal and informal partnerships; good communication; cross-training; attention to timing; access to records; service access pre- and post discharge; access to prescribed medications; key resource gaps; boundary spanning; and transition planning (author).

Available From: National Health Care for the Homeless Council, P.O. Box 60427, Nashville, TN 37206, (615) 226-2292, www.nhchc.org/Publications/JailsAndHCH.pdf (COST: \$10.00).

Order #: 13166

Authors: McIntire, J.L., Layzer, J., Weisberg, L.

Title: **On Firmer Ground: Housing for Homeless and Near-homeless Families: An Evaluation of Washington State's Pilot Programs for Homeless and Near-homeless Families.**

Source: Seattle, WA: University of Washington Institute for Public Policy and Management, 1992. (Report: 144 pages)

Abstract: This report is based on two pilot programs in Washington State that assisted homeless families with children: a homelessness prevention program and a transitional rental assistance program. The key findings of the independent evaluation are that it was successful, cost effective, and targeted. Available evidence indicates that the programs were very successful in preventing homelessness among families facing imminent eviction, and in stabilizing homeless families in permanent housing. These programs were found to be between two to three times as cost effective as emergency shelter expenditures, even among the most conservative assumptions. These programs targeted assistance to the very poorest families with children - families whose incomes average up to seventy-five percent of the poverty level. The evaluation of both pilots is based on client information, interviews with program staff and clients, and exit interviews with client families (authors).

Available From: University of Washington Institute for Public Policy and Management, Daniel J. Evans School of Public Affairs, Parrington Hall, Room 109, University of Washington, P.O. Box 353055, Seattle, WA 98195, (206) 543-4900, www.evans.washington.edu

Homeless Prevention

Order #: 13321

Authors: McLaughlin, T., Glasser, I., Maljanian, R.

Title: **Homelessness in Hartford 2002: A Combined Report on the Census of the Homeless of Hartford and the Hartford Homeless Health Survey.**

Source: Hartford, CT: Institute for Outcomes Research and Evaluation at Hartford Hospital, 2003. (Report: 115 pages)

Abstract: This report describes a comprehensive and collaborative study of homeless individuals and families in Hartford. The authors discuss their findings on topics including primary reasons for homelessness, the causes of homelessness, services needed, unmet service needs, and quality of life issues. This report also examines health care utilization and access, prevention issues, medical history and a profile of who is homeless in Hartford. The authors assert that the data collected supports service design and policy making that will help reduce or eliminate homelessness in Hartford. Recommendations are given concerning issues that pertain to the prevention of homelessness, interrupting the cycle of homelessness, and strengthening services for people experiencing homelessness (authors).

Available From: Hartford Hospital, The Institute for Outcomes Research & Evaluation, 80 Seymour Street, P.O. Box 5037, Hartford, CT 06102, (860) 545-3183, www.hchp.org/pdf/HomelessnessHartford2002.pdf.

Order #: 13497

Authors: McMillen, J., Tucker, J.

Title: **The Status of Older Adolescents at Exit From Out-of-Home Care.**

Source: Child Welfare 78(3): 339-360, 1999. (Journal Article: 21 pages)

Abstract: In this article, administrative data and case record reviews were used to assess the exit status of a sample of older youths leaving out-of-home care in one Midwestern state. The authors state that most left without a job or a high school diploma, and that many left with neither, and that the most common living arrangement at the time of exit was with relatives, some through planned reunification and some through unplanned reunification. The article asserts that the majority of the youths exited out-of-home care in unplanned ways, and that the number of placements and the completion of high school predicted employment status. Implications for independent living programs for older youths are discussed (authors).

Order #: 8353

Authors: McMurray-Avila, M.

Title: **Medical Respite Services for Homeless People: Practical Models.**

Source: Nashville, TN: National Health Care for the Homeless Council, 1999. (Resource Guide: 34 pages)

Abstract: The term "respite care" has emerged to describe recuperative or convalescent services needed by homeless people with medical problems - in essence, providing sick or injured homeless people a respite from the dangers of life on the streets. This resource manual is designed for organizations and communities interested in developing such services. A framework of models and suggestions for program implementation are offered through the following sections: medical respite care models; intermediate approaches to respite care; planning your program; daily operations; costs and budgeting; sources of funding; and making your case for funding. (authors)

Available From: National Health Care for the Homeless Council, P.O. Box 60427, Nashville, TN 37206, (615) 226-2292, www.nhchc.org/publications.(COST: \$5.00)

Homeless Prevention

Order #: 13647

Authors: Mears, D., Travis, J.

Title: **The Dimensions, Pathways, and Consequences of Youth Reentry.**

Source: Washington, DC: Urban Insititute, 2004. (Report: 36 pages)

Abstract: In this report, the authors describe youth reentry and its policy relevance to communities nationwide. Drawing from the insights and comments from the participants in the Youth Reentry Roundtable held in May 2003, they identify critical facts about youth reentry, including the specific programming and policy challenges that must be addressed. The purpose of the Roundtable was to generate a national discussion about the challenges involved in reintegrating young people and to offer policymakers a critical opportunity to improve outcomes. Recommendations are provided for next steps in research and practice. The goal of the report is to highlight the importance of youth reentry and what can be done to ensure the successful transition of young people back into their families and communities so that they can become contributing members of society (authors).

Available From: Urban Institute, 2100 M Street, NW, Washington, DC 20037, www.urban.org

Order #: 13498

Authors: Mech, E.

Title: **Foster Youths in Transition: Research Perspectives on Preparation for Independent Living.**

Source: Child Welfare 73(5): 603-623, 1994. (Journal Article: 20 pages)

Abstract: In this article, the authors discuss five studies that span from 1965 to 1991, and provide a valuable picture of the functioning of adults who have been in foster care. The authors also discuss the follow-up measures of post placement functioning, including: education, employment, housing, support networks and cost to the community. The article asserts that the trends that emerged provide insight into what must be strengthened in Independent Living Programs (author).

Order #: 11547

Authors: Memphis/Shelby County Mayors' Task Force on Homelessness.

Title: **Blueprint to Break the Cycle of Homelessness and Prevent Future Homelessness.**

Source: Memphis, TN: Memphis/Shelby County Mayors' Task Force on Homelessness, 2002. (Report: 44 pages)

Abstract: This blueprint was created by a task force assembled in July 2001 and co-chaired by the director of the city's Division of Housing and Community Development and the Memphis Housing Authority, and the director of Shelby County's Community Services. In 2001, Memphis and Shelby County served over 7,000 people in emergency shelters and transitional housing. An additional 9,000 people were turned away, mostly because of a lack of space. The goals outlined in the Blueprint are to: maximize use of mainstream programs by homeless and precariously housed people and providers of services; increase efficiency and coordination of service delivery among service provider organizations; fill gaps in services and housing options for chronically homeless individuals with mental illness and/or chemical dependencies; improve/increase efforts to prevent homelessness; improve coordination and increase involvement of the faith community in developing more comprehensive and effective measures to break the cycle of homelessness and prevent future homelessness; leverage the expertise and resources of the business/corporate community; and address remaining structural barriers to breaking the cycle of homelessness and preventing future homelessness.

Available From: Memphis/Shelby County Mayors' Task Force on Homelessness, www.ich.gov/slocal/plans/memphis.pdf.

Homeless Prevention

Order #: 13478

Authors: Metraux, S., Culhane, D.P.

Title: Recent Incarceration History Among a Sheltered Homeless Population.

Source: Philadelphia, PA: University of the Sciences in Philadelphia, 2004. (Unpublished Paper: 25 pages)

Abstract: This study examined incarceration histories and shelter use patterns of 7,022 persons staying in public shelters in New York City. Through matching administrative shelter records with data on releases from New York State prisons and New York City jails, 23.1% of a point-prevalent shelter population was identified as having had an incarceration within the previous two-year period. Persons entering shelter following a jail episode (17.0%) exhibited different shelter stay patterns than those having exited a prison episode (7.7%), leading to the conclusion that different dynamics are predominant and different interventions are called for among shelter users released from jail and from prison (authors).

Available From: Stephen Metraux, Ph.D., Health Policy Program, University of the Sciences in Philadelphia, 600 South 43rd Street, Philadelphia PA 19104, (215) 596-7612, s.metrau@usip.edu, www.usip.edu/graduate/healthpolicy/info/metraux.shtml

Order #: 13326

Authors: Minnesota Housing Finance Agency.

Title: Ending Long-Term Homelessness in Minnesota: Report and Business Plan of the Working Group on Long-Term Homelessness.

Source: St. Paul, MN: Minnesota Housing Finance Agency, 2004. (Report: 64 pages)

Abstract: This blueprint outlines a plan that would provide housing and support services for an additional 4,000 households by 2010. The authors' program and policy recommendations are matched with both a financing plan and implementation plan. The financing plan estimates the costs over time and identifies potential sources and partners for funding. The implementation plan includes general strategies such as: furthering interagency coordination among the state's Housing Finance Agency, the Departments of Human Services, Corrections and other agencies to solicit and fund supportive housing. The authors also suggest increasing the use of mainstream resources in developing and funding supportive housing, as well as integrating data collection, evaluation, and identification of best practices into the implementation process. Involving local governments, developers and service providers to develop and maintain the capacity to implement the plan, including addressing siting and other issues, is discussed (authors).

Available From: Minnesota Housing Finance Agency, 400 Sibley Street, Suite 300, St Paul MN 55101, (651) 296-7608 www.mhfa.state.mn.us/about/homeless_business_plan.pdf

Order #: 2886

Authors: Minsky, S., Riesser, G.G., Duffy, M.

Title: The Eye of the Beholder: Housing Preferences of Inpatients and Their Treatment Teams.

Source: Psychiatric Services 46(2): 173-176, 1995. (Journal Article: 4 pages)

Abstract: The authors surveyed 80 hospitalized patients with serious mental illness and the patients' treatment teams to compare perspectives about appropriate housing and support services following hospital discharge. The results showed that the opinions of patients and treatment teams differed markedly on housing preferences but converged on many basic service needs. Patients preferred more independent living arrangements, while treatment teams favored more structured environments. The authors believe that these conflicting views must be reconciled if patient preferences are to be reflected in discharge planning (authors).

Homeless Prevention

Order #: 11466

Authors: Montgomery County Coalition for the Homeless.

Title: **Homelessness in Montgomery County: Beginning to End.**

Source: Rockville, MD: Montgomery County Coalition for the Homeless, 2002. (Report: 11 pages)

Abstract: This report outlines a ten-year plan to end homelessness in Montgomery County, Maryland, including steps such as: develop 100 new housing units per year (2002-2012) for people at 10-20% of the poverty line; partner with discharge planners from correctional facilities to ensure people are not discharged into homelessness and to ensure people are job ready when exiting criminal justice system; develop early warning systems for people at risk of losing housing by working with landlords to contact appropriate agencies prior to eviction and when potential to maintain housing may still exist; develop a "housing first" model in the County that moves people directly into housing with supports following; support the mental health community in developing a continuum of housing options for people with mental illness, and; encourage accurate portrayals of the existence and depth of the problem of homelessness in the County by developing relationships with the local media (authors).

Available From: Montgomery County Coalition for the Homeless, 600B East Gude Drive, Rockville, MD 20850, (301) 217-0314, www.mcch.net/localplan.pdf.

Order #: 12263

Authors: Moss, J.E., Flower, C.L., Houghton, L.M., Moss, D.L., Nielsen, D.A., Taylor, D.M.

Title: **A Multidisciplinary Care Coordination Team Improves Emergency Department Discharge Planning Practice.**

Source: Medical Journal of Australia 177(8): 435-439, 2002. (Journal Article: 5 pages)

Abstract: In this article, the authors discuss the integration of a multidisciplinary Care Coordination Team (CCT) into the emergency department at Royal Melbourne Hospital, in Australia. The article suggests that this resulted in a high degree of staff satisfaction with the team, along with improved discharge planning practices and the establishment of referral systems, links and relationships with internal and external service providers. The authors recommend this model, and the extension of community support services, to assist in the disposition of patients after acute care in emergency departments (authors).

Order #: 12738

Authors: National Alliance to End Homelessness.

Title: **Ending Homelessness: From Ideas to Action.**

Source: Washington, DC: National Alliance to End Homelessness, 2002. (Report: 80 pages)

Abstract: This series of policy papers applies the principles set forth in the Ten-Year-Plan to the 2002 Federal budget and legislation before Congress, which outlines four steps that if undertaken simultaneously will change the dynamic of homelessness. These steps are: plan for outcomes; incentive reversal; permanent supportive housing; and building infrastructure. The authors discuss the measures taken by Congress, and the Administration, to pass Appropriations for federal programs that will not only help people who are poor or homeless, but also initiate or re-design housing, health, income, and other programs. These papers share information on tax policy and other regulations as well, and share information on how these policies impact people who are homeless (authors).

Available From: National Alliance to End Homelessness, 1518 K Street NW, Suite 206, Washington, DC 20005, (202) 638-1526, naeh@naeh.org, www.naeh.org

Homeless Prevention

Order #: 10959

Authors: National Association of State Mental Health Program Directors.

Title: **State Hospital Discharge Planning Policies and Procedures.**

Source: Alexandria, VA: National Association of State Mental Health Program Directors, 1992. (Report: 38 pages)

Abstract: In this study, 39 states identified 45 distinct elements of discharge planning policies and procedures, and their relationship to homelessness. Attached is a state-by-state matrix of the 45 distinct elements. Many states may actually do more than is contained in their written policies; this analysis merely lists what is contained in written policies (authors).

Available From: National Association of State Mental Health Program Directors, 66 Canal Center Plaza, Suite 302, Alexandria, VA 22314, (703) 739-9333, www.nasmhpd.org. (COST: \$25.00).

Order #: 3417

Authors: National Association of State Mental Health Program Directors.

Title: **Diversion and Jail Discharge Programs for Homeless People with Mental Illness: Working with the Police, the Courts, and Local Jails.**

Source: PATHFinder Report: June, 1995. (Newsletter: 16 pages)

Abstract: This issue describes effective alternatives to jailing homeless people with mental illnesses who come into contact with the police. Jail discharge planning and follow-up services for those discharged from jail who are homeless and have serious mental illness are also addressed. Mental health services in jails are not discussed, except as they apply to discharge planning.

Order #: 13308

Authors: National Coalition for Homeless Veterans.

Title: **Planning for Your Release: A Guide for Veterans Incarcerated.**

Source: Washington, DC: National Coalition for Homeless Veterans, 2004. (Guide: 15 pages)

Abstract: This guide offers instruction on how veterans can apply for VA benefits; where to look to find affordable housing; how to find employment training programs and job placement assistance; where to obtain medical and mental health services; and who is available to provide counseling and other assistance programs in their communities. The authors suggest that each veteran should have his or her own copy of the workbook in which notes can be recorded on the progress being made, community contacts who have helped, and agreements that are reached with service providers. The guide also serves as a guidance tool for corrections, social services and federal agency personnel who are trying to help incarcerated veterans. A wealth of contact information is provided, as well as tips on letter writing, filling out forms, and a timeline for when certain actions should be taken prior to the veteran's release (authors).

Available From: National Coalition for Homeless Veterans, 333 ½ Pennsylvania Avenue, SE, Washington, DC 20003, (202) 546-1969, www.nchv.org.

Order #: 11487

Authors: National Coalition for the Homeless.

Title: **Bringing America Home: The Strategic Plan of the National Coalition for the Homeless. Executive Summary.**

Source: Washington, DC: National Coalition for the Homeless, 2001. (Executive Summary: 49 pages)

Abstract: This publication details the development of a national plan to bring everyone home again, including policy discussions that go beyond advocating person by person for access to needed housing and services. It discusses what other communities are doing to prevent and end homelessness, and how others can replicate them along with effective strategies for creating needed systemic change in communities.

Available From: National Coalition for the Homeless, 1012 Fourteenth Street, NW, #600, Washington, DC 20005, (202) 737-6444, www.nationalhomeless.org.

Homeless Prevention

Order #: 3052

Authors: National Institute of Mental Health and the National Institute on Alcoholism and Alcohol Abuse.

Title: NIMH/NIAAA Research Conference: Paper Presentations.

Source: Rockville, MD: National Institute of Mental Health, 1991. (Conference Summary: 172 pages)

Abstract: This document contains papers presented at the National Institute of Mental Health (NIMH) and the National Institute on Alcoholism and Alcohol Abuse (NIAAA) Research Conference in January 1991. Paper topics include: housing, poverty, prevention of homelessness, and the impact of substance abuse on homeless families.

Order #: 13593

Authors: National Law Center on Homelessness and Poverty.

Title: Abandoned to the Streets: An Analysis of Social Security's Pre-Release Program.

Source: Washington, DC: National Law Center on Homelessness and Poverty, 1992. (Report: 59 pages)

Abstract: In this report, the authors evaluate the implementation of the Pre-Release Program. The report presents results of a seventeen-state survey on implementation of the program, which was created to prevent homelessness by allowing aged and disabled people to apply for Supplemental Security Income (SSI) and food stamps prior to discharge from public institutions (authors).

Available From: National Law Center on Homelessness and Poverty, 1411 K Street, NW, Suite 1400, Washington, DC 20005, (202)638-2535, www.nlchp.org (COST: \$14.00).

Order #: 13909

Authors: National Mental Health Association.

Title: Ending Homelessness for People with Mental Illnesses and Co-Occurring Disorders.

Source: Alexandria, VA: National Mental Health Association, 2004. (Fact Sheet: 4 pages)

Abstract: Homelessness is a growing social injustice in the United States. On any given night, approximately 600,000 Americans are homeless and more than two million people are homeless throughout the year. According to conservative estimates, one-third of people who are homeless have serious mental illnesses, and more than one half also have substance use disorders. Despite the grim statistics, studies show that supported housing is an effective option for communities working to meet the needs of people with mental health disorders who are homeless. In fact, people who are homeless and have mental illnesses or co-occurring disorders are more likely to recover and stay off the streets if they have access to supported housing programs. This fact sheet answers the following questions: what makes a program successful?; what are some housing options?; how can we bring supported housing to our communities?; and where can we apply for funding? (authors).

Available From: National Mental Health Association, 2001 North Beauregard Street, 12th Floor, Alexandria, VA 22311, 800-969-6642, infoctr@nmha.org, www.nmha.org/homeless/housingAndHomelessness.cfm

Order #: 11969

Authors: National Resource Center on Homelessness and Mental Illness.

Title: How Can We End Homelessness Among People with Serious Mental Illnesses?

Source: Delmar, NY: The National Resource Center on Homelessness and Mental Illness, 2003. (Fact Sheet: 2 pages)

Abstract: This fact sheet outlines what services and practices are effective in ending homelessness for people with serious mental illnesses. Encouraging the adoption of evidence-based practices, establishing partnerships with governments and public agencies, and conducting research are suggested.

Available From: National Resource Center on Homelessness and Mental Illness, Policy Research Associates, Inc., 345 Delaware Avenue, Delmar, NY 12054, (800) 444-7415, www.nrchmi.samhsa.gov.

Homeless Prevention

Order #: 13137

Authors: New York City Department of Homeless Services .

Title: **Comparative Aspects of Plans to End Homelessness.**

Source: New York, NY: New York City Department of Homeless Services, 2004. (Outline: 12 pages)

Abstract: In the course of developing its plan to end homelessness, the New York City Department of Homeless Services (DHS) developed a chart that organizes comparative aspects of some existing plans to end homelessness from various jurisdictions. These aspects include the relevant stakeholders identified, strategies involving data, prevention, outreach, shelter/transitional housing, permanent supportive/affordable housing, services, and funding (authors).

Available From: New York City Department of Homeless Services, 33 Beaver Street, 17th Floor, New York, NY 10004, (212) 361-7971, www.endhomelessness.org/localplans/outline.htm.

Order #: 12444

Authors: New York City Department of Homeless Services.

Title: **The Second Decade of Reform: A Strategic Plan for New York City's Homeless Services.**

Source: New York, NY: New York City Department of Homeless Services, 2002. (Report: 53 pages)

Abstract: The principles of this strategic plan form the foundation for the Department of Homeless Services (DHS) and provider agency self-assessment. These are not regulations. They are goal statements that will help direct policy, formulate practice guidelines, and provide a framework for training and evaluation. Most principles go beyond the mandate of DHS and require the collaboration of many public and private agencies. These principles form DHS' predominant philosophy as they serve individuals and families who are, or who may become, homeless. The principles are that: all individuals and families should have safe affordable housing; homeless individuals or families should receive safe, temporary shelter; planning for permanent housing should begin immediately; individuals should not have to make their home on the street or in other public spaces; safe and humane options should be available; all individuals and families deserve and are expected to actively participate in the development and implementation of their independent living plans; all agencies must work as partners to ensure successful, long-term outcomes for individuals and families who are, or who may become, homeless; and services must be provided with the goal of achieving the highest standards of practice through continuous quality improvement.

Available From: New York City Department of Homeless Services, 33 Beaver Street, 17th Floor, New York, NY 10004, (212) 361-8000, www.nyc.gov/html/dhs/pdf/stratplan.pdf

Order #: 13002

Authors: New York City Family Homelessness Special Master Panel.

Title: **New York City Family Homelessness Prevention Report.**

Source: New York, NY: New York City Family Homelessness Special Master Panel, 2003. (Report: 82 pages)

Abstract: The New York City Family Homelessness Special Master Panel (SMP) charged with evaluating services and making recommendations has published its first report on the topic of family homelessness prevention. The SMP report outlines several key recommendations addressing policy areas including affordable housing, early identification, cross-agency coordination, community services, and legal representation. While this report is particular to New York City, it includes substantial findings that may be transferable to other jurisdictions (authors).

Available From: New York City Family Homelessness Special Master Panel, NYC Department of Homeless Services, 33 Beaver Street, 17th Floor, NY, NY 10004, (212) 361-8000, www.nyc.gov/html/dhs/pdf/preventionreport.pdf

Homeless Prevention

Order #: 7573

Authors: New York State Assembly, Standing Committee on Mental Health, Mental Retardation, Developmental Disabilities.

Title: **Public Hearing: Discharge Planning for the Mentally Ill.**

Source: Brooklyn, NY: EN-DE Reporting Services, Ltd., 1996. (Testimony: 410 pages)

Abstract: This hearing was conducted in order to assist the New York State Assembly in developing discharge planning policy in order to alleviate the problems of suffering of families and patients, homelessness, and occasional acts of violence that are, in some degree, a result of poor discharge planning. The aim of the Committee was to see how government, the private sector, and the voluntary sector can work together to improve outcomes for persons who suffer from mental illness or substance abuse disorders. Over 30 witnesses offered testimony to the committee, including representatives from state agencies, medical facilities, local service providers, and national advocates.

Order #: 13787

Authors: O'Brien, P.

Title: **Youth Homelessness and the Lack of Permanent Relational Planning for Teens in Foster Care: Preventing Homelessness Through Relationship.**

Source: Brooklyn, NY: You Gotta Believe, 2004. (Report: 17 pages)

Abstract: This report discusses the issue of youth homelessness, and the lack of relational planning for older foster care children. The author examines the number of youth who are homeless in New York City, and nationwide, and the relationships these youngsters lack as compared to youth who are not homeless. Suggestions are given on how to help youth live independently, and the author also dispels common myths about how youth become homeless (author).

Available From: You Gotta Believe, 1220 Neptune Avenue, Suite 166, Brooklyn, NY 11224, (800) 601-1779, www.yougottabelieve.org/articles/homelessness.htm.

Order #: 8517

Authors: Office of the Inspector General.

Title: **Homeless Prevention Programs.**

Source: Washington, DC: U.S. Department of Health and Human Services, Office of the Inspector General, 1992. (Report: 24 pages)

Abstract: The purpose of this inspection was to determine the overall effectiveness of selected homeless prevention programs and to compare the effectiveness of prevention programs which provide case management services to those which do not. The findings of the inspection were: homeless prevention programs keep families in their homes; the automatic or routine provision of case management services did not increase the likelihood of a functional family remaining in permanent housing; the average benefit paid by the eight homeless programs examined was one-sixth the cost of a typical stay in a shelter; and the homeless prevention programs examined assist only a small portion of needy families (authors).

Homeless Prevention

Order #: 8090

Authors: Olfson, M., Mechanic, D., Hansell, S., Boyer, C.A., Walkup, J.

Title: **Prediction of Homelessness Within Three Months of Discharge Among Inpatients with Schizophrenia.**

Source: Psychiatric Services 50(5): 667-673, 1999. (Journal Article: 7 pages)

Abstract: This article identifies factors that place inpatients with schizophrenia at risk of becoming homeless after hospital discharge. Patients were assessed at discharge from general hospitals in New York City and reassessed three months later to evaluate whether they had become homeless. Twenty patients reported an episode of homelessness during the follow-up period. Patients who had a drug use disorder at discharge were significantly more likely to report becoming homeless than those without a drug use disorder. Patients with a total score above 40 on the Brief Psychiatric Rating Scale or less than 43 on the Global Assessment Survey were more likely to report becoming homeless. The findings indicate that the combination of a drug use disorder, persistent psychiatric symptoms, and impaired global functioning at the time of hospital discharge poses a short-term risk of homelessness among patients with schizophrenia. The authors conclude patients who fit this profile may be candidates for community-based programs that are specifically aimed at preventing homelessness among patients with severe mental illnesses (authors).

Order #: 13642

Authors: Olfson, M., Walkup, J.

Title: **Discharge Planning in Psychiatric Units in General Hospitals.**

Source: New Directions for Mental Health Services (73): 75-85, 1997. (Journal Article: 10 pages)

Abstract: This article discusses the potential for a better-integrated system of care for vulnerable patients when increased attention is paid to discharge planning. Discharge planners face the formidable challenge of linking severely ill psychiatric inpatients to a range of community services in a timely and clinically appropriate manner. Longitudinal research indicates that the skill with which this work is performed influences patient outcomes. Patients who receive adequate discharge planning are more likely to utilize outpatient mental health services, less likely to become socially isolated, and less likely to require rehospitalization in the months following hospital discharge (authors).

Order #: 13626

Authors: Orwin, R., Scott, C., Arieira, C.

Title: **Transitions Through Homelessness and Factors That Predict Them: Residential Outcomes in the Chicago Target Cities Treatment Sample.**

Source: Evaluation and Program Planning 26(4): 379-392, 2003. (Journal Article: 13 pages)

Abstract: In this article, the authors examine the course of homelessness among adult substance abusers entering treatment in the Chicago Target Cities treatment sample. The research objectives were to: examine client movement in and out of homelessness over for two years post entry into the index treatment episode, and determine the treatment and non-treatment factors that predict achieving and sustaining residential stability. According to the authors, the sample, recruited from treatment programs on Chicago's West Side, was fifty-nine percent female and predominantly African-American, unemployed, and unmarried, with approximately one-third self-presented as homeless. The article states that seventy-three percent of initially homeless clients had improved their residential status at six months, and sixty percent were stably housed at twenty-four months. The authors also assert that, by contrast, twenty-eight percent of initially housed clients were not stably housed at six months, and only sixteen percent were homeless at twenty-four months. The article concludes that the high percentage of homeless substance abusers that achieved and maintained stable housing is consistent with a conclusion that treatment reduced homelessness in the Chicago Target Cities sample (authors).

Homeless Prevention

Order #: 11705

Authors: Osher, F., Steadman, H.J., Barr, H.

Title: **A Best Practice Approach to Community Re-entry from Jails for Inmates with Co-occurring Disorders: The APIC Model.**

Source: Delmar, NY: The National GAINS Center, 2002. (Manuscript: 20 pages)

Abstract: Almost all inmates with co-occurring mental illness and substance use disorders will leave correctional settings and return to the community. Inadequate transition planning puts people with co-occurring disorders who enter jail in a state of crisis back on the streets in the middle of the same crisis. The outcomes of inadequate transition planning include the compromise of public safety, an increased incidence of psychiatric symptoms, relapse to substance abuse, hospitalization, suicide, homelessness, and re-arrest. While there are no outcomes studies to guide evidence-based transition planning practices, there is enough guidance from the multi-site studies of the organization of jail mental health programs to propose a best practice model. This manuscript presents one such model--APIC. The APIC Model is a set of critical elements that, if implemented, are likely to improve outcomes for persons with co-occurring disorders who are released from jail (authors).

Available From: The National GAINS Center, 345 Delaware Avenue, Delmar, NY 12054, (518) 439-7415, www.gainsctr.com.

Order #: 13499

Authors: Pages, K., Russo, J., Wingerson, D., Ries, R., Roy-Byrne, P., Cowley, D.

Title: **Predictors and Outcome of Discharge Against Medical Advice From the Psychiatric Units of a General Hospital.**

Source: Psychiatric Services 49(9):1187-1192, 1998. (Journal Article: 6 pages)

Abstract: This article examined predictors of discharge against medical advice (AMA) and outcomes of psychiatric patients with AMA discharges, as measured by poorer symptom ratings at discharge and higher rates of re-hospitalization. The authors compared 195 patients discharged AMA from general hospital psychiatric units with 2,230 regularly discharged patients. The authors assert that the groups did not differ in primary psychiatric diagnoses, and that patients discharged AMA were significantly less likely to be Caucasian or to be functionally impaired due to physical illness. The authors also state that they were more likely to live alone, have a substance use diagnosis, use more psychoactive substances, and have more previous hospitalizations. The article asserts that patients discharged AMA had significantly shorter lengths of stay, higher re-hospitalization rates, and more severe symptoms at discharge, even when length of stay was taken into account. The authors state that the results suggest a profile of patients who may be discharged AMA (authors).

Order #: 11465

Authors: Philadelphia Committee to End Homelessness.

Title: **Opening the Door to Let the Future In.**

Source: Philadelphia, PA: Philadelphia Committee to End Homelessness, 2002. (Report: 32 pages)

Abstract: This 10-year plan culminates with the end of homelessness in Philadelphia and the closing of the authoring group's own office in 2010. In preparing this report, both history and geography were examined. Looking at what other communities are doing, and what has and hasn't worked over the years furthered the committee's goal to search for an enduring solution, rather than just the assembly of information. This is an action-oriented, to-the-point report which highlights the research and communicates what must be done to achieve the goal of ending homelessness. The plan's true virtue is in its careful study of other homelessness efforts, including New York's Pathways to Housing program and the Doe Fund's employment and shelter initiative, Ready, Willing & Able.

Available From: Philadelphia Committee to End Homelessness, 802 North Broad Street P.O. Box 15010 Philadelphia, PA. 19130-0010, (215) 232-2300, pceh@juno.com, www.pceh.org/2010plan.pdf.

Homeless Prevention

Order #: 7477

Authors: Project H.O.M.E., Philadelphia Health Management Corporation.

Title: "None of Us Are Home Until All of Us Are Home." Supporting the Homeless: The Project H.O.M.E. Approach.

Source: Philadelphia, PA: Philadelphia Health Management Corporation, 1997. (Program Description: 70 pages)

Abstract: Project H.O.M.E. (Housing, Opportunities, Medical Care, and Education), a non-profit organization in Philadelphia co-founded by Sister Mary Scullion and Joan Dawson McConnon in 1989, works in partnership with chronically homeless persons with mental illness and/or substance use disorders to reduce the risk of re-occurrence of homelessness. The components of Project H.O.M.E.'s Continuum of Care include: street outreach, a housing continuum of ten residences; case management; on-site health care; addictions counseling; recovery groups; referrals to medical and psychiatric care; education; and employment. At Project H.O.M.E., individuals who have survived homelessness, mental illness, substance abuse, and other personal traumas can recover and grow in a community where they are treated with dignity and respect (authors).

Order #: 13858

Authors: Rashid, S.

Title: Evaluating a Transitional Living Program for Homeless, Former Foster Care Youth.

Source: Research on Social Work Practice 14(4): 240-248, 2004. (Journal Article: 9 pages)

Abstract: In this article, the authors assess the outcomes of former foster care youth using transitional living programs and compare outcomes achieved by former foster care youth who participated in an employment training program with similar youth who did not. Based on a study that sampled twenty-three former foster care youth using transitional living services in Northern California, hourly wage, money saved, and employment status outcomes at discharge were examined. Housing outcomes were also examined six months post discharge. The article asserts that hourly wage, housing situation, employment, and money saved were among the variables that demonstrated improvement post intervention, and at a six-month follow-up, ninety percent of youth with known housing situations were in permanent, stable housing. The article concludes that transitional living and employment training programs may be effective interventions for former foster care youth with few resources (authors).

Order #: 12227

Authors: Rhode Island Coalition for the Homeless.

Title: Building Homes, Building Hope: Ending Homelessness in Rhode Island.

Source: Providence, RI: Rhode Island Coalition for the Homeless, 2003. (Report: 8 pages)

Abstract: This report calls for a comprehensive, focused and specific plan to end homelessness and lays out a number of the elements that such a plan should include. Some examples of these elements are: increasing affordable housing to low income families and permanent supportive housing for those with disabilities; developing a coordinated prevention strategy among the Departments of Human Services and Children, Youth and Families to stabilize families in their current housing; moving toward a housing first model that links a family to a permanent home and provides follow-up services; converting transitional housing units to permanent housing with transitional services so that families can remain in their homes; fostering collaborations between the Departments of Corrections and Mental Health to develop discharge planning and community treatment to prevent homelessness among those who are in their charge. The Coalition has called for the establishment of a statewide commitment to ending homelessness and is seeking to involve as many people as possible in the campaign, particularly key leaders from each of the public and private sectors in the state.

Available From: Rhode Island Coalition for the Homeless, 790 North Main Street, Providence, RI 02904, (401) 421-6458, www.rihomeless.com

Homeless Prevention

Order #: 7775

Authors: Rickards, L.D., Leginski, W., Randolph, F., Oakley, D., Herrel, J.M., Gallagher, C.

Title: **Cooperative Agreements for CMHS/CSAT Collaborative Program to Prevent Homelessness: An Overview.**

Source: Alcoholism Treatment Quarterly 17(1/2): 1-15, 1999. (Journal Article: 15 pages)

Abstract: In 1996, the Center for Mental Health Services and the Center for Substance Abuse Treatment launched a two-phased, three-year initiative to document and evaluate the effectiveness of homelessness prevention interventions that focus on persons with psychiatric and/or substance use disorders who are formerly homeless or at-risk for homelessness, and who are engaged with the mental health and/or substance abuse treatment system(s). This article describes the background, logic model, goals, and structure of the CMHS/CSAT Collaborative Program to Prevent Homelessness (authors).

Order #: 10946

Authors: Rickards, L.D., Ross, E.C.

Title: **Report on State Hospital Discharge Planning Policies, Procedures, and Practices and Proceedings of the Discharge Planning Workshop.**

Source: Rockville, MD: Center for Mental Health Services, 1993. (Report: 35 pages)

Abstract: This report reviews a project in which the purpose was to improve discharge planning and aftercare for seriously mentally ill adults and people who are homeless. The study concluded that most state hospitals had thorough discharge planning processes - with treatment plans that included discharge arrangements, input from professional staff, involvement of community mental health and other community service staff, and involvement of patient and family. Several facilities in the study were aware of weaknesses in their discharge planning procedures. Other hospitals had minimal discharge plans, with an orientation towards custodial care rather than community rehabilitation or integration. Many of these latter facilities reported very weak links with the community service system. Also included is a summary of the workshop convened to review and comment on the report. The workshop discussion focused on three main areas: the analysis of state mental hospital discharge planning, barriers and facilitators to implementing a discharge plan, and strategies for improvement (authors).

Order #: 13178

Authors: Rodriguez, N., Brown, B.

Title: **Preventing Homelessness Among People Leaving Prison.**

Source: New York, NY: Vera Institute of Justice, 2003. (Report: 12 pages)

Abstract: This report examines homelessness among former inmates, shares examples of corrections agencies' efforts to address it, and offers insights from the Vera Institute's Project Greenlight, an in-prison program that provided comprehensive transition services, including housing assistance, to felony offenders reentering communities in New York City. Included are details on Project Greenlight's housing assistance program and suggestions for practitioners interested or engaged in similar efforts (authors).

Available From: Vera Institute of Justice, 233 Broadway, 12th Floor, New York, NY 10279, (212) 334-1300, www.vera.org/publication_pdf/209_407.pdf

Homeless Prevention

Order #: 13193

Authors: Roman, G.C., Travis, J., Feldman, L.

Title: **Taking Stock: Housing, Homelessness, and Prisoner Reentry.**

Source: Washington, DC: Urban Institute, 2003. (Unpublished Paper: 79 pages)

Abstract: This report examines how those who have spent time in prison or jail fare in securing safe and affordable housing following their release and discusses housing programming and practice designed to assist returning prisoners. Many are finding that the difficulties in securing affordable and appropriate housing complicate the reentry process, further reducing their already limited chances for successful community reintegration. In this report, the authors draw on current research, policy, and practice to identify housing challenges for returning prisoners, as well as opportunities to improve the current system. The authors also examine the extent to which the population living in homeless shelters or on the streets has been involved in the criminal justice system; the experiences of former prisoners returning to their family homes, both in the private sector and particularly in public or subsidized housing; and the barriers former prisoners and ex-offenders face in securing their own housing. Finally, the report documents efforts to develop housing options for this population.

Available From: Urban Institute, 2100 M Street, NW, Washington, DC 20037, (202) 833-7200, www.urban.org

Order #: 11796

Authors: Roman, N.

Title: **Why America Can End Homelessness in Ten Years.**

Source: Housing Facts & Findings 4(5): 3-8, 2002. (Journal Article: 6 pages)

Abstract: This article discusses the causes and solutions to the homelessness epidemic in our country by analyzing the population, and breaking it down into two specific groups: people who are chronically homeless, and people who are temporarily homeless. The author looks at the plans of State and Local governments to end homelessness, the engagement of the private sector, and the contribution of research to a shift in policy focus regarding the homeless crisis. The article suggests that homelessness is a product of a larger crisis in affordable housing and social welfare, and without commensurate reforms in those areas, successful reforms in the homeless service system will be undermined (author).

Order #: 13518

Authors: Rosenbaum, S., Teitelbaum, J., Bartoshesky, A., Stewart, A.

Title: **Community Integration: The Role of Individual Assessment.**

Source: Princeton, NJ: Center for Health Care Strategies, 2002. (Report: 13 pages)

Abstract: This working paper was developed to consider possible approaches to interpreting the concept of individual assessments. While the process of carrying out an assessment raises basic issues that are integral to a public determination of whether an individual qualifies for a good, benefit, or status, in reality there appear to be two types of assessments that states need to consider. This paper attempts to identify the two classes of assessments and identify issues for consideration in both cases (authors).

Available From: Center for Health Care Strategies, P.O. Box 3469, Princeton, NJ 08543, (609) 895-8101, www.chcs.org/usr_doc/Integration_Assessment.pdf

Homeless Prevention

Order #: 10548

Authors: Rosenheck, R.A., Dennis, D.

Title: Time-Limited Assertive Community Treatment for Homeless Persons With Severe Mental Illness.

Source: Archives of General Psychiatry 58(11): 1073-1080, 2001. (Journal Article: 8 pages)

Abstract: The assertive community treatment (ACT) model for people with severe mental illness was originally designed to be provided continuously without termination. This study evaluated postdischarge changes in health status and service use associated with the time-limited provision of ACT to people who are homeless with severe mental illness. The study concluded that clients who are homeless with severe mental illness can be selectively discharged or transferred from ACT to other services without subsequent loss of gains in mental health status, substance abuse, housing, or employment (authors).

Order #: 12253

Authors: Sacks, J., Drake, R.E., Williams, V.F., Herrell, J.M.

Title: Utility of the Time Line Follow Back to Assess Substance Use Among Homeless Adults.

Source: Journal of Nervous and Mental Disease 191(3): 145-153, 2003. (Journal Article: 9 pages)

Abstract: This study examines the test-retest reliability, concurrent validity, and sensitivity to change of the Time-Line Follow-Back interview, a calendar instrument used to assess days and quantities of alcohol use and days of illicit drug use in the multisite, Collaborative Program to Prevent Homelessness (CPPH). The Time-Line Follow-Back was reliable for assessing use during the past month and the recent 6 months. Results from the Time-Line Follow-Back were correlated with other self-reports of use, with research diagnoses of substance use disorder, and with clinician ratings of severity of substance abuse. The Time-Line Follow-Back detected changes in clients with severe mental illness and in those with less severe psychiatric problems (authors).

Order #: 9658

Authors: Sacks, J.Y., Sacks, S.,

Title: Final Report of Project Activities. Homelessness Prevention Therapeutic Community for Addicted Mothers.

Source: New York, NY: Center for Therapeutic Community Research, National Development and Research Institutes, 1998. (Report: 85 pages)

Abstract: This report describes a homelessness prevention therapeutic community (TC) for addicted mothers and their children developed in response to increasing numbers of homeless addicted mothers and families entering the Philadelphia shelter system. The program uses TC principles and methods as the foundation for recovery and the structure within which the homelessness prevention interventions unfold. The report describes the program's conceptual framework and logic model, setting, client profiles, goals, and interventions. The outcome evaluation compares the effectiveness of the homelessness prevention TC with a standard TC on both traditional outcomes and prevention outcomes. This program has considerable significance for policy and planning, especially for the development of integrated mother-child programs and for the application of TC principles and methods to homelessness prevention.

Available From: Center for Therapeutic Community Research, National Development and Research Institutes, 71 West 23rd Street, 8th Floor, New York, NY 10010, (212) 845-4400, mail@ndri.org, www.ndri.org.

Homeless Prevention

Order #: 7777

Authors: Sacks, J.Y., Sacks, S., Harle, M., De Leon, G.

Title: Homelessness Prevention Therapeutic Community (TC) for Addicted Mothers.

Source: Alcohol Treatment Quarterly 17(1/2): 33-51, 1999. (Journal Article: 19 pages)

Abstract: This article describes a homelessness prevention therapeutic community (TC) for addicted mothers and their children developed in response to increasing numbers of homeless addicted mothers and families entering the Philadelphia shelter system. The program uses TC principles and methods as the foundation for recovery and the structure within which the homelessness prevention interventions unfold. The chapter describes the program's conceptual framework and logic model, setting, client profiles, goals, and interventions. The outcome evaluation compares the effectiveness of the homelessness prevention TC with a standard TC on both traditional outcomes and prevention outcomes. The authors state this program has considerable significance for policy and planning, especially for the development of integrated mother-child programs and for the application of TC principles and methods to homelessness prevention (authors).

Order #: 6087

Authors: Sacks, S., DeLeon, G., Bernhardt, A., Sacks, J.

Title: Modified Therapeutic Community for Homeless Mentally Ill Chemical Abusers Treatment Manual.

Source: New York, NY: Center for Therapeutic Community Research, 1994. (Manual: 64 pages)

Abstract: This manual adapts therapeutic community (TC) principles and methods from the drug treatment field and describes a new model (the modified TC) for the homeless mentally ill chemical abusing (MICA) individual. This model integrates psychiatric rehabilitation and TC methods and treats both the mental illness and the substance abuse in the context of recovery and community. Topics discussed include: conceptual framework; review of the literature; history and setting of the intervention; description of the client population; structure of the intervention; and process of the intervention.

Order #: 13585

Authors: San Francisco Ten Year Planning Council.

Title: The San Francisco Plan to Abolish Chronic Homelessness.

Source: Washington, DC: United States Interagency Council on Homelessness, 2004. (Blueprint: 76 pages)

Abstract: This is a ten year plan to end homelessness in San Francisco. The plan makes recommendations for the housing-first model, employment assistance, permanent supportive housing, phasing down shelters and transitional housing, a new service delivery model, nutrient support, and prevention and intervention innovations. The coordination of city resources and redirection of homeless dollars is also addressed (authors).

Available From: United States Interagency Council on Homelessness, 451 Seventh Street SW, Suite 2100, Washington, DC 20410, (202) 708-4663, <http://sfgov.org/site/uploadedfiles/planningcouncil/news/TheSFPlanFinal.pdf>.

Order #: 12446

Authors: Santa Clara County Collaborative on Housing and Homelessness Issues.

Title: The Santa Clara Countywide Five Year Homelessness Continuum of Care Plan.

Source: San Jose, CA: Santa Clara County Collaborative on Housing and Homelessness Issues, 2001. (Report: 140 pages)

Abstract: This plan seeks to create a comprehensive and coordinated system of affordable housing and supportive services for the prevention, reduction, and eventual end of homelessness. The plan provides a common blueprint to guide the County, the Cities, service providers, the faith community, the business sector, philanthropy, and the broader community in realizing the vision of a community in which everyone's housing and life needs are met.

Available From: Margaret Gregg, Santa Clara County Homeless Concerns Coordinator, Office of the County Executive, (408) 299-5910, Margaret.Gregg@ceo.co.santa-clara.ca.us, www.sccgov.org

Homeless Prevention

Order #: 8848

Authors: Sard, B.

Title: Using TANF Funds for Housing-Related Benefits to Prevent Homelessness.

Source: Washington, DC: Center on Budget and Policy Priorities, 2001. (Report: 5 pages)

Abstract: Under the final regulations for the Temporary Assistance to Needy Families block grant program (TANF), states and counties may use federal TANF funds for short-term homelessness prevention measures without triggering the federal 60-month lifetime time limit. This brief report provides a guide on how states and counties may best utilize TANF funds for homelessness prevention. States and counties that are funding prevention programs in part with state maintenance-of-effort (MOE) funds may wish to replace these MOE funds with TANF funds, thereby freeing up MOE monies they can use to provide other benefits. TANF restrictions, like time limits, are triggered when states or counties provide housing-related benefits that are not short-term, unless the benefits are provided entirely with MOE funds that are accounted for separately from TANF funds.

Available From: Center on Budget and Policy Priorities, 820 1st Street, NE, #510, Washington, DC 20002, (202) 408-1080, www.cbpp.org/4-3-01TANF.htm

Order #: 1397

Authors: Schwartz, D.C., Devance-Manzini, D., Fagan, T.

Title: Preventing Homelessness: A Study of State and Local Homelessness Prevention Programs.

Source: New Brunswick, NJ: American Affordable Housing Institute, 1991. (Report: 96 pages)

Abstract: This report summarizes the results of a joint and collaborative effort by the National Housing Institute and the American Affordable Housing Institute at Rutgers University. It describes the methods, funding, staffing, achievements and problems of seven major state and local homelessness prevention programs. Section one summarizes the methodology and the conclusions that seem warranted by the study. Section two, presents seven specific program analyses.

Available From: National Housing Institute, 460 Bloomfield Avenue, Suite 211, Montclair, NJ 07042, (973) 509-2888, www.nhi.org.

Order #: 13453

Authors: Semansky, R., Quinn, L., Azrin, S., Noftsinger, R., Moran, G., Koenig, T.

Title: Assessing the Effectiveness of Discharge Planning to Prevent Subsequent Homelessness: Literature Review and Issues.

Source: Rockville, MD: Westat, 2004. (Unpublished Paper: 63 pages)

Abstract: This study is an evaluability assessment to determine whether the effectiveness of discharge planning to prevent subsequent homelessness can be evaluated in four particular settings: inpatient psychiatric treatment; residential treatment centers for children and youth; residential programs for substance use disorders; and foster care. People with substance use disorders exiting institutional facilities such as detoxification and/or treatment programs, youth and adults with mental illnesses and/or substance use disorders released from inpatient treatment or residential settings, and young people aging out of foster care and state social services are all at risk of becoming homeless.

Available From: Westat, 1650 Research Boulevard, Rockville, MD 20850, (301) 251-1500, www.westat.com

Homeless Prevention

Order #: 13500

Authors: Sheehy, A., Oldham, E., Zanghi, M., Ansell, D., Correia, P., Copeland, R.

Title: Promising Practices: Supporting Transition of Youth Served by the Foster Care System.

Source: Tulsa, OK: National Resource Center for Youth Services, undated. (Report: 107 pages)

Abstract: This report focused on the design and delivery of independent living services and supports. The authors outlined a series of criteria that the research team believed were necessary in order to fully prepare youth for a successful transition out of foster care. The authors also examined the number of programs that delivered directly, or indirectly through referrals, important services for youth in foster care (authors).

Available From: National Resource Center for Youth Services, 4502 East 41st Street, Building Four West, Tulsa, OK 74135, (918) 660-3700, www.nrcys.ou.edu/PDFs/Publications/Promising_Practices-1.pdf.

Order #: 7774

Authors: Shinn, M., Baumohl, J.

Title: Rethinking the Prevention of Homelessness.

Source: In Fosburg, L.B., Dennis, D.L. (eds.), Practical Lessons: The 1998 National Symposium on Homelessness Research. Delmar, NY: National Resource Center on Homelessness and Mental Illness, 1999. (Book Chapter: 34 pages)

Abstract: In this essay, the authors examine existing measures to prevent homelessness. The logic and critical terminology of prevention is discussed. The authors also review research on the effectiveness of programs that aim to prevent homelessness. The authors conclude that most programs intended to prevent homelessness do useful things for needy people, but they seem to have only a marginal impact on the prevention of homelessness. They recommend that homelessness prevention be re-oriented from efforts to work with identified at-risk persons to projects aimed at increasing the supply of affordable housing, sustainable sources of livelihood, and the social capital of impoverished communities (authors).

Available From: HUD USER, P.O. Box 23268, Washington, DC 20026, (800) 245-2691, www.huduser.org/publications/homeless/practical.html.

Order #: 7858

Authors: Shinn, M., Weitzman, B.C., Stojanovic, D., Knickman, J.R., Jiminez, L., Duchon, L., James, S., Krantz, D.H.

Title: Predictors of Homelessness Among Families in New York City: From Shelter Request to Housing Stability.

Source: American Journal of Public Health 88(11): 1651-1657, 1998. (Journal Article: 7 pages)

Abstract: This article examines predictors of entry into shelter and subsequent housing stability for a cohort of families receiving public assistance in New York City. Interviews were conducted with 266 families as they requested shelter and with a comparison sample of 298 families selected at random from the welfare caseload. Respondents were reinterviewed five years later. Demographic characteristics and housing conditions were the most important risk factors for shelter entry, and enduring poverty and disruptive social experiences also contributed. Five years later, four fifths of sheltered families had their own apartment. Receipt of subsidized housing was the primary predictor of housing stability among formerly homeless families. The authors conclude that housing subsidies are critical to ending homelessness among families (authors).

Homeless Prevention

Order #: 13514

Authors: Smith, G.A.

Title: Status Report: Litigation Concerning Home and Community Services for People with Disabilities.

Source: Cambridge, MA: Human Services Research Institute, 2004. (Report: 50 pages)

Abstract: This periodic report compiles information about and tracks the status of lawsuits that revolve around home and community services for people with disabilities. The report tracks three broad categories of lawsuits: Access to Medicaid Home and Community Services; Community Placement of Institutionalized Persons; and Limitations on Medicaid Home and Community Benefits. In this report, the issues that have prompted these lawsuits are discussed and the lawsuits are summarized, including their current status. The report is not necessarily inclusive of all lawsuits in this arena.

Available From: Human Services Research Institute, 2336 Massachusetts Avenue, Cambridge, MA 02140, (617) 876-0426, www.hsri.org/docs/litigation041804.PDF

Order #: 13795

Authors: Southern Nevada Regional Planning Coalition Homeless Task Force.

Title: Reducing Homelessness in Southern Nevada: Designing a Plan for Action.

Source: Las Vegas, NV: Southern Nevada Homeless Summit, 2001. (Conference Summary: 69 pages)

Abstract: In this summary of the 2001 Southern Nevada Homeless Summit, the authors discuss the policies underlying how services and housing are provided, how local communities participate in providing solutions, and how responsibilities are divided between public institutions, faith-based organizations and nonprofit groups. The summary also discusses what housing and service opportunities will be made available to homeless and at risk people, as well as how resources should be garnered, administered and shared (authors).

Available From: Home Base, 870 Market Street, Suite 1228, San Francisco, CA 94102, (415) 788-7961, www.homebaseccc.org.

Order #: 11168

Authors: State of California, Office of the Governor.

Title: A Summary Report on California's Programs to Address Homelessness.

Source: Sacramento, CA: The State of California, Office of the Governor, 2002. (Report: 51 pages)

Abstract: The findings and data contained in this report are compiled from more than 80 studies in California since 1980, and provide the factual context under which the newly formed California Interagency Task Force will provide a plan to make homelessness prevention an integral component of many state agency missions by early July 2002. Highlights include a description of who is homeless in California, including, counts, demographic profiles, and geographic distribution; a description of the State's Continuum of Services, with a listing of state agencies and programs; listing of "best practice" programs throughout the state; bibliography of reports on homelessness; and recommendations and key findings to help guide state homeless policy.

Available From: The State of California, Office of the Governor, State Capitol Building, Sacramento, CA 95814, (916) 445-2841, www.governor.ca.gov/state/govsite/gov_homepage.jsp.

Homeless Prevention

Order #: 13517

Authors: Stewart, A., Cox, M., Rosenbaum, S., Teitelbaum, J.

Title: **Beyond Olmstead and Toward Community Integration: Measuring Progress and Change.**

Source: Princeton, NJ: Center for Health Care Strategies, 2003. (Report: 21 pages)

Abstract: This resource paper presents the results of a five-month project aimed at: assessing the need for a tool that can assist policy makers, program administrators, consumers, and others in measuring the progress of community integration both nationally and for each state; conducting preliminary research to identify the potential structure of such a tool, as well as illustrative applications of the tool; developing a community integration-oriented approach to examining state planning efforts; and reviewing the potential design and utility of such a tool with a broad range of experts in the field of community integration (authors).

Available From: Center for Health Care Strategies, P.O. Box 3469, Princeton, NJ 08543, (609) 895-8101, www.chcs.org/usr_doc/BeyondOlmstead.pdf

Order #: 1468

Authors: Stoner, M.R.

Title: **Inventing a Non-Homeless Future: A Public Policy Agenda for Preventing Homelessness.**

Source: New York, NY: Peter Lang Publishing, Inc., 1989. (Book: 387 pages)

Abstract: This book calls attention to the alarming fact that homelessness in America is increasing at the rate of twenty to twenty-five percent each year, despite the growing number of services developed to help homeless people. The major position in this book is that emergency responses such as shelters, soup kitchens, and turkeys at Thanksgiving and Christmas must shift to emphasize preventing homelessness in the first place. The author relates the social problem of homelessness to broader issues in society and recommends a series of preventive strategies to keep people at work, with their families, on decent welfare benefits, in affordable housing, or in mental health settings. All of these measures can keep people within the circle of housing (author).

Order #: 809

Authors: Stoner, M.R.

Title: **Beyond Shelter: Policy Directions for the Prevention of Homelessness.**

Source: Social Work 25(4): 7-11, 1989. (Report: 5 pages)

Abstract: The author discusses homelessness in relation to broader issues in the economy, the housing sector, and social services and recommends a series of preventive strategies that will keep people at work, with their families, on decent welfare benefits, in affordable housing, or in mental health settings. The analysis of homelessness, its antecedents, and strategies for preventing homelessness delineates the basic elements of innovation needed to provide housing and social supports for those whose homelessness is a symptom of social pathology. Acknowledging that prospects of closing down shelter systems are dim, the author suggests that it remains possible to halt further growth in these systems before they settle into permanent institutional arrangements resembling historical precedents of institutionalization (author).

Homeless Prevention

Order #: 13025

Authors: Substance Abuse and Mental Health Services Administration, Center for Mental Health Services.

Title: **Blueprint for Change: Ending Chronic Homelessness for Persons with Serious Mental Illnesses and/or Co-Occurring Substance Use Disorders.**

Source: Rockville, MD: Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, 2003. (Report: 123 pages)

Abstract: This Blueprint for Change is divided into eight chapters that comprise four sections: before you begin; plan for services; organize services; and sustain services. These sections reflect four action steps that states and communities can take to prevent or end homelessness among people with serious mental illnesses, including those with co-occurring substance use disorders. Each chapter presents current knowledge and specific strategies designed to carry out the action steps. Chapters include: Understand the Changing Context of Care and the Nation's Response; Learn About the Population; Establish Core Values; Establish a Comprehensive, Integrated System of Care; Finance a Comprehensive System of Care; Use Evidence-Based and Promising Practices; Measure Results; and Use Mainstream Resources to Serve People Who Are Homeless (authors).

Available From: SAMHSA's National Mental Health Information Center, P.O. Box 42557, Washington, DC 20015, (800) 789-2647, www.nrchmi.samhsa.gov/pdfs/publications/Blueprint_2.pdf

Order #: 12445

Authors: Supportive Housing Network of New York.

Title: **The Blueprint to End Homelessness in New York City.**

Source: New York, NY: Supportive Housing Network of New York, 2002. (Report: 87 pages)

Abstract: This blueprint provides concrete proposals designed to transform the City's current policies with the aim of reducing widespread homelessness in the city by half in five years, and ending it in ten. The Blueprint centers on the following key strategies: planning and coordination, permanent housing, prevention, and maximizing resources. In pursuing these strategies, the Blueprint recommends steps such as: developing a comprehensive plan to end homelessness with the full participation of City and State governments as well as non-governmental providers of shelter, housing and services; developing 16,000 new units of supportive housing for individuals with a wide range of service needs and 3,000 new units for families; establishing an Interagency Discharge Planning Coordination Committee and holding government agencies accountable for releasing their clients into homelessness; and reducing the size of the shelter system by concentrating placement efforts on individuals who have spent more than two years in the shelter system.

Available From: Supportive Housing Network of New York, 475 Riverside Drive, Suite 250, New York NY 10115, (212) 870-3303, www.shnny.org/blueprintexec/download.htm

Order #: 6411

Authors: Susser, E., Valencia, E., Conover, S., Felix, A., Tsai, W., Wyatt, R.J.

Title: **Preventing Recurrent Homelessness Among Mentally Ill Men: A Critical Time Intervention After Discharge from a Shelter.**

Source: American Journal of Public Health 87(2): 256-262, 1997. (Journal Article: 7 pages)

Abstract: The authors describe a study that examined a strategy to prevent homelessness among individuals with severe mental illness by providing a bridge between institutional and community care. Ninety-six men with severe mental illness who were entering community housing from a shelter were randomized to receive nine months of a critical time intervention plus usual services or usual services only. The primary analysis compared the mean number of homeless nights for the two groups during the 18-month follow-up period. Results show, over the 18-month follow-up period, the average number of homeless nights was 30 for the critical time intervention group and 91 for the usual services group. Survival curves showed that after the nine-month period of active intervention, the difference between the two groups did not diminish. The authors conclude that strategies that focus on a critical time of transition may contribute to the prevention of recurrent homelessness among individuals with mental illness, even after the period of active intervention (authors).

Homeless Prevention

Order #: 1487

Authors: Susser, E., Valencia, E., Goldfinger, S.M.

Title: **Clinical Care of Homeless Mentally Ill Individuals: Strategies and Adaptations.**

Source: In Lamb, H.R., Bachrach, L.L., Kass, F.I. (eds.), *Treating the Homeless Mentally Ill*. Washington, DC: American Psychiatric Association, 1992. (Book Chapter: 13 pages)

Abstract: Homeless individuals with serious mental illnesses are a diverse group whose symptoms and disabilities span a broad range of severity and chronicity. Nevertheless, clinicians have found that there are some useful general principles that can be applied to work with this population. Effective clinical interventions with the homeless mentally ill population frequently require substantial alteration in the initiation, scope, focus, and timing of clinical work. In this chapter, the authors focus on areas that differentiate work with this group from work with domiciled psychiatric patients. Also discussed are four basic stages: introduction of services into the community; outreach; provision of treatment and other services during the time that individuals remain homeless; and support in the transition to housing (authors).

Available From: American Psychiatric Association, 1000 Wilson Boulevard, Suite 1825 Arlington, VA 22209, (703) 907-7322, www.appi.org. (COST: \$16.95)

Order #: 12755

Authors: Swanson, J.W., Swartz, M.S., Elbogen, E.B., Wagner, H.R., Burns, B.J.

Title: **Effects of Involuntary Outpatient Commitment on Subjective Quality of Life in Persons with Severe Mental Illness.**

Source: *Behavioral Sciences and the Law* 21(4): 473-491, 2003. (Journal Article: 19 pages)

Abstract: In this article, the authors discuss a study designed to examine the relationship between subjective quality of life (QOL) and involuntary outpatient commitment (OPC) in persons with severe mental illness. Involuntarily hospitalized subjects, awaiting discharge under outpatient commitment were randomly assigned to be released or continue under outpatient commitment in the community after hospital discharge, and were followed for one year. Quality of life was measured at baseline and 12 month follow-up. Treatment characteristics and clinical outcomes were also measured. Subjects who underwent longer periods of outpatient commitment had significantly greater quality of life as measured at the end of the one year study. Multivariable analyses showed that the effect of OPC on QOL was mediated by greater treatment adherence and lower symptom scores. However, perceived coercion moderated the effect of OPC on QOL. Involuntary outpatient commitment, when sustained over time, indirectly exerts a positive effect on subjective quality of life for persons with SMI, at least in part by improving treatment adherence and lowering symptomatology (authors).

Order #: 11951

Authors: Technical Assistance Collaborative.

Title: **Permanent Supportive Housing: A Proven Solution to Homelessness.**

Source: *Opening Doors* 20: January 2003. (Newsletter: 16 pages)

Abstract: This issue examines the federal government's recent focus on chronic homelessness and provides important research, data, and a concrete solution: permanent supportive housing. Permanent supportive housing is an effective solution for people with disabilities who have experienced long term homelessness. This type of housing is defined as decent, safe, and affordable community-based housing that provides residents with rights of tenancy and is linked to voluntary and flexible supports and services. Because so many people with disabilities experience chronic homelessness, it is important for the disability community to know more about the emerging federal policies, which are intended to end chronic homelessness in ten years. This issue provides specific recommendations directed to key federal programs that could provide the foundation for a significant expansion of permanent supportive housing. This issue also highlights national efforts that are working to end long term homelessness, establish a national housing trust fund, and create permanent supportive housing.

Available From: Technical Assistance Collaborative, 535 Boylston Street, Suite 1301, Boston, MA 02108, (617) 226-5657, www.tacinc.org.

Homeless Prevention

Order #: 13523

Authors: Texas Health and Human Services Commission.

Title: **The Revised Texas Promoting Independence Plan.**

Source: Austin, TX: Texas Health and Human Services Commission, 2002. (Report: 98 pages)

Abstract: This plan serves several purposes: responds to Olmstead; addresses an Executive Order from the Governor; and serves as an analysis of the availability, application, and efficacy of existing community-based supports for people with disabilities (authors).

Available From: Texas Health and Human Services Commission, 4900 North Lamar Boulevard, Austin, TX 78751, (512) 424-6500, www.hhsc.state.tx.us/pubs/tpip02/02_12TPIPrev.pdf

Order #: 13546

Authors: The RAND Corporation.

Title: **Prisoner Re-Entry: What are the Public Health Challenges?**

Source: Santa Monica, CA: The RAND Corporation, 2003. (Report: 2 pages)

Abstract: The authors of this research brief review the existing literature on prisoner re-entry, looking closely at the changing characteristics of the re-entry population. They examine the national estimates of the prevalence of certain chronic medical conditions, infectious diseases, mental illness, substance abuse and dependency, and co-occurring disorders in this population (author).

Available From: The RAND Corporation, 1700 Main Street, P.O. Box 2138, Santa Monica, CA 90407, (310) 393-0411, www.rand.org

Order #: 12761

Authors: Thompson, E., Neighbors, H., Munday, C., Trierweiler, S.

Title: **Length of Stay, Referral to Aftercare, and Rehospitalization Among Psychiatric Inpatients.**

Source: Psychiatric Services 54(9): 1264-1270, 2003. (Journal Article: 7 pages)

Abstract: This retrospective study explores the interrelationship among aftercare, length of hospital stay, and rehospitalization within six months of discharge in a sample of psychiatric inpatients. Patients who had received inpatient care at a state psychiatric hospital from November 1991 to July 1994 were looked at. The article states that white patients were twice as likely as African Americans to receive a referral to aftercare. The authors suggest the possibility of racial disparities in referral to aftercare and a complex relationship between referral and re-hospitalization. The authors argue that both these findings warrant further investigation that gives particular attention to individual-level indicators of need and system-level barriers to and facilitators of psychiatric care (authors).

Order #: 1231

Authors: Toro, P.A., Trickett, E.J., Wall, D.D., Salem, D.A.

Title: **Homelessness in the United States: An Ecological Perspective.**

Source: American Psychologist 46(11):1-11, 1991. (Journal Article: 11 pages)

Abstract: This article presents an ecological perspective on homelessness that emphasizes the context in which homeless people live and the complex interactions between personal, social, economic, and services system resources that affect their well-being. The ecological perspective encourages researchers and program developers to assess the problems of homelessness as a result of contextual factors that interact with individual and family vulnerabilities, and to assess carefully the social contexts in which researchers and program developers operate. Four ecological principles are described as a heuristic for research, intervention, and policy development. The implications of an ecological perspective for psychologists who wish to get involved in dealing with homelessness are discussed (authors' abstract).

Homeless Prevention

Order #: 13699

Authors: Travis, J., Keegan, S., Cadora, E., Solomon, A., Swartz, C.

Title: A Portrait of Prisoner Re-Entry in New Jersey.

Source: Washington, DC: Urban Institute, Justice Policy Center, 2003. (Report: 67 pages)

Abstract: This report describes the process of prisoner re-entry in New Jersey by examining the policy context surrounding prisoner re-entry in the state, the characteristics of the state's returning inmates, the geographic distribution of returning prisoners, and the social and economic climates of the communities that are the home to the highest concentrations of returning prisoners (authors).

Available From: Urban Institute, Justice Policy Center, 2100 M St., NW, Washington, DC 20037, (202) 833-720, www.urban.org.

Order #: 11467

Authors: Traynor, C., Goodfriend, S.J.

Title: What's Next? Considering the Needs of Delaware's Homeless.

Source: Wilmington, DE: SBM Housing, Inc./Gateway House, 2001. (Report: 50 pages)

Abstract: This study set out to answer the following questions: what is happening (the numbers) in Delaware?; what are the needs of Delaware's homeless?; how can these needs best be met?; how does permanent supportive housing fit into the picture?; and what should our next steps be? To answer these questions, national and state literature was examined to determine "best-practice" approaches to the needs identified. Community planners, providers of direct service to people who are homeless, and providers of adjunct services are invited to read and consider the results of this effort to answer these questions and end homelessness (authors).

Available From: SBM Housing, Inc./Gateway House, 121 North Poplar Street, Wilmington, DE 19801, (302) 571-8885, www.gatewayhouse.ws.

Order #: 13506

Authors: Trupin, E., Turner, A., Stewart, D., Wood, P.

Title: Transition Planning and Recidivism Among Mentally Ill Juvenile Offenders.

Source: Behavioral Sciences and the Law 22(4): 599-610, 2004. (Journal Article: 11 pages)

Abstract: This retrospective study described the pre- and post-release planning and service contacts for mentally ill juvenile offenders. The study examined the effectiveness of transition planning in reducing recidivism among mentally ill juvenile offenders. Participants were mentally ill adolescent offenders incarcerated for six months or more in one of three Washington State Juvenile Rehabilitation Administration (JRA) institutions. Retrospective chart and database reviews were conducted on the participants in the final sample. Legal and medical file data were examined to determine the extent to which each youth received documented discharge planning and community services. Computerized criminal records of all study participants were examined for the year following community release to document new adjudicated offenses. Youth with more identified mental health and substance abuse needs received more services and received a greater number of post-release discharge planning contacts. Results indicate that even a low frequency of post discharge transition planning and service provision appears to have a positive impact on subsequent criminal behavior. These findings are instructive to juvenile justice administrators who are responsible for utilizing diminishing resources in effective ways (authors).

Authors: Tsemberis, S.

Title: **From Streets to Homes: An Innovative Approach to Supported Housing for Homeless Adults with Psychiatric Disabilities.**

Source: Journal of Community Psychology 27(2): 225-241, 1999. (Journal Article: 17 pages)

Abstract: This article describes a supported housing program that provides immediate access to permanent independent housing to individuals who are homeless and have psychiatric disabilities. Following housing placement, assertive community treatment (ACT) teams provide treatment, support, and other needed services. The residential stability of tenants in this supported housing program was compared to that of tenants in a linear residential treatment program that serves the same population, but uses a step-by-step sequence of placements moving to supervised independent living. The 139 tenants of the supported housing program achieved a housing retention rate of 84.2% over a three-year period while the rate for 2,864 residents of the comparison program was only 59.6% over a two-year period. Additional data from direct interviews with the supported housing tenants were used to identify factors that predicted client participation in, and satisfaction with, particular services received (author).

Authors: Tsemberis, S., Asmussen, S.

Title: **From Streets to Homes: The Pathways to Housing Consumer Preference Supported Housing Model.**

Source: Alcoholism Treatment Quarterly 17(1/2): 113-131, 1999. (Journal Article: 19 pages)

Abstract: This article describes essential elements of the Consumer Preference Supported Housing (CPSH) Model of homelessness prevention in use at Pathways to Housing, Inc. in New York City. This intervention prevents homelessness by engaging and housing homeless substance abusers with psychiatric disabilities whom other programs have rejected as "treatment resistant" or "not housing ready." The CPSH model is built on the belief that housing is a basic right for all people. As opposed to the housing continuum model, housing is based on consumer choice and is not connected to compliance or treatment. Housing is provided immediately, and there are separate criteria for housing and treatment needs. Support services are aimed at integration of mental health and substance abuse services (authors).

Authors: Tsemberis, S., Eisenberg, R.F.

Title: **Pathways to Housing: Supported Housing for Street-Dwelling Homeless Individuals with Psychiatric Disabilities.**

Source: Psychiatric Services 51(4): 487-493, 2000. (Journal Article: 7 pages)

Abstract: This study examined the effectiveness of the Pathways to Housing supported housing program over a five-year period. Unlike most housing programs that offer services in a linear, step-by-step continuum, the Pathways program in New York City provides immediate access to independent scatter-site apartments for individuals with psychiatric disabilities who are homeless and living on the street. The authors concluded that the Pathways supported housing program provides a model for effectively housing individuals who are homeless and living on the streets. The program's housing retention rate over a five-year period challenges many widely held clinical assumption about the relationship between the symptoms and the functional ability of an individual. Clients with severe psychiatric disabilities and addictions are capable of obtaining and maintaining independent housing when provided with the opportunity and necessary supports (authors).

Homeless Prevention

Order #: 13501

Authors: Tuzman, L., Cohen, A.

Title: **Clinical Decision Making for Discharge Planning in a Changing Psychiatric Environment.**

Source: Health and Social Work 17(4): 299-307, 1992. (Journal Article: 8 pages)

Abstract: This article reviews the clinical decision-making process involved in planning for continuity of care following discharge from inpatient psychiatric services. According to the authors, the decision-making frame of reference requires the identification of the players in the process, parameters of their roles, performance expectations, and boundaries of rights and obligations; clear definition of objectives; collection of data and analysis of its relevancy; and study of possible alternatives, with evaluations of their consequences. The authors present an approach to clinical decision making that includes an analysis of modalities and practice skills and a critical review of practice in a psychiatric setting that emphasizes the role of the family; the importance of continuity of care; and the need to engage the patient, family, and care systems within briefer time frames (authors).

Order #: 8258

Authors: United States Conference of Mayors.

Title: **Preventing Homelessness with a Coordinated Strategy: Best Practices of Mayors and Homeless Service Providers.**

Source: Washington, DC: U.S. Conference of Mayors, 1998. (Report: 48 pages)

Abstract: This publication was prepared for release with the 14th Annual "Status Report on Hunger and Homelessness in America's Cities: 1998." Thirteen of the 30 cities surveyed for that report have provided descriptions of outstanding coordinated strategies to prevent homelessness. These cities are: Alexandria, VA.; Burlington, VT; Chicago, IL; Kansas City, MO; Louisville, KY; Nashville, TN; Philadelphia, PA; Phoenix, AZ; St. Louis, MO; San Antonio, TX; Santa Monica, CA; San Francisco, CA; and Seattle, WA.

Available From: U.S. Conference of Mayors, 1620 Eye Street NW, Washington, DC 20006, (202) 293- 7330, www.usmayors.org/uscm.

Order #: 12170

Authors: United States Department of Health and Human Services.

Title: **Ending Chronic Homelessness: Strategies for Action.**

Source: Washington, DC: U.S. Department of Health and Human Services, 2003. (Report: 29 pages)

Abstract: This initiative was developed specifically to address the growing need for an integrated network of support systems for people experiencing chronic homelessness: those that have a disabling condition and who experience frequent or extended periods in the homeless assistance system. The plans' goals are to improve access to health and human services, build state and local capacities to respond to homelessness, and prevent new homeless episodes. Highlights include: encouraging applicants to HHS programs to identify how services to people who are homeless will be addressed and coordinated; awarding incentives for funding under the President's expansion of health centers that include a focus on serving people experiencing chronic homelessness; documenting effective service and use of resources that address homeless services, and increasing training and technical assistance; evaluating programs to identify practices that will prevent homelessness among people returning to the community; and establishing an internal homeless workgroup to be led by the HHS Deputy Secretary.

Available From: U.S. Department of Health and Human Services, 200 Independence Avenue, SW, Washington, DC 20201, (202) 690-6343, <http://aspe.hhs.gov/hsp/homelessness/strategies03>.

Homeless Prevention

Order #: 13223

Authors: United States Department of Housing and Urban Development.

Title: **Strategies for Reducing Chronic Street Homelessness.**

Source: Washington, DC: U.S. Department of Housing and Urban Development, 2004. (Report: 348 pages)

Abstract: This report identifies successful community-wide approaches to reducing homelessness and achieving stable housing for the difficult-to-serve people who routinely live on the streets. The authors discuss shifting the goals and approaches of the homeless assistance network toward a new paradigm, which includes establishing a clear goal of reducing chronic street homelessness; committing to a community-wide level of collaboration; having leadership and an effective organizational structure; and committing significant resources from mainstream housing and social service programs that go well beyond homeless-specific funding sources. The report focuses on homeless assistance programs in Birmingham; Boston; Columbus; Los Angeles; Philadelphia; San Diego; and, Seattle. In each city, HUD found local leaders and homeless assistance providers who are fundamentally changing their traditional approaches toward serving those living on their streets. The authors conclude that these seven cities are working toward ending long-term or chronic homelessness and providing the rest of the nation with new approaches to better house and serve their most vulnerable citizens (authors).

Available From: HUD USER, P.O. Box 23268, Washington, DC 20026, (800) 245-2691, www.huduser.org/Publications/PDF/ChronicStHomeless.pdf.

Order #: 11544

Authors: United States Department of Housing and Urban Development.

Title: **Evaluation of Continuums of Care for Homeless People.**

Source: Washington, DC: U.S. Department of Housing and Urban Development, 2002. (Report: 216 pages)

Abstract: This report is a significant addition to current knowledge about homelessness. It provides important insights into local responses to the problem and identifies issues that must be resolved as the nation grapples with the difficult and serious problem of homelessness. The completed study provides a rich array of information on the activities of high-performing Continuums of Care and documents the extent of progress of the studied communities along many dimensions of a comprehensive approach to homelessness prevention and remediation. On balance, the report concludes that for the high-performing communities studied, HUD's implementation of the Continuum of Care funding process stimulated increased communication within local communities in their response to homelessness. As a result, respondents generally agreed that more people have received more services and participate in more and better coordinated programs than before as a consequence of the Continuum of Care approach. In the most advanced communities, the response has moved beyond planning to obtain HUD funding to the far broader goal of attempting to integrate all available funding and services to try to end homelessness (authors).

Available From: HUD USER, P.O. Box 23268, Washington, DC 20026, (800) 245-2691, www.huduser.org/publications/pdf/continuums_of_care.pdf

Order #: 10841

Authors: United States Department of Housing and Urban Development.

Title: **Guide to Continuum of Care Planning and Implementation.**

Source: Washington, DC: U.S. Department of Housing and Urban Development, 1999. (Guide: 50 pages)

Abstract: This publication provides an overview of HUD's Continuum of Care. The Continuum of Care is a community plan to organize and deliver housing and services to meet the specific needs of people who are homeless as they move to stable housing and maximum self-sufficiency. It includes action steps to end homelessness and prevent a return to homelessness (authors).

Available From: U.S. Department of Housing and Urban Development, 451 Seventh Street SW, Washington, DC 20410, (202) 708-1112, www.hud.gov.

Homeless Prevention

Order #: 12716

Authors: United States Department of Housing and Urban Development.

Title: **Homeless Prevention in the Emergency Shelter Grants Program.**

Source: Washington, DC: U.S. Department of Housing and Urban Development, 2001. (Report: 19 pages)

Abstract: This report provides information about homeless prevention efforts within the Emergency Shelter Grants (ESG) program, and highlights some specific homeless prevention strategies employed by ESG grantees and the agencies that operate ESG projects. The report begins with a brief overview of the Emergency Shelter Grants program and a summary of the regulations and limitations pertaining to ESG homeless prevention. Short term financial assistance, tenant-landlord mediation services, and legal services are discussed also. The authors also describe outreach and eligibility screening strategies for ESG-funded homeless prevention projects, and present some ways in which grantees and recipients can track or follow-up with beneficiaries of homeless prevention assistance provided under ESG. Specific project examples that represent successful implementation strategies for homeless prevention assistance are included (authors).

Available From: U.S. Department of Housing and Urban Development, 451 Seventh Street SW, Washington, DC 20410, (202) 708-1112, www.hud.gov

Order #: 12248

Authors: United States Department of Housing and Urban Development.

Title: **HUD Strategic Plan.**

Source: Washington, DC: U.S. Department of Housing and Urban Development, 2003. (Report: 72 pages)

Abstract: This strategic plan, covering fiscal years 2003-2008, includes three programmatic goals and three cross-cutting goals. Programmatic goals are to: increase homeownership opportunities; promote decent affordable housing; and strengthen communities. Cross-cutting goals are to: ensure equal opportunity in housing; embrace high standards of ethics, management and accountability; and promote participation of faith-based and community organizations. One of the objectives under the goal of "strengthen communities" is to end chronic homelessness and move homeless families and individuals to permanent housing. Additionally, the plan includes the following shorter term measures: by 2004, 300 Continuums of Care will report to HUD the institutional discharge activities that will help to prevent homelessness; by December 2003, HUD will develop an estimate of the total number of persons experiencing chronic homelessness in the United States; the proportion of HUD homeless funding spent on housing activities increases and the proportion spent on social services declines; the number of communities with at least 75 percent of their beds covered by HMIS will increase by 50 during FY 2004; of those in HUD's homeless projects, 45,000 will become employed and 80,000 will become permanently housed in 2004; from 2004-08, a total of 175,000 people will become employed, and a total of 250,000 will move into permanent housing.

Available From: U.S. Department of Housing and Urban Development, 451 Seventh Street, SW, Washington, DC 20410, (202) 708-1112, www.hud.gov/offices/cfo/reports/03strategic.pdf

Order #: 1378

Authors: United States General Accounting Office.

Title: **Homelessness: Too Early to Tell What Kinds of Prevention Assistance Work Best.**

Source: Washington, DC: U.S. General Accounting Office, 1990. (Report: 42 pages)

Abstract: The Stewart B. McKinney Homeless Assistance Amendments Act of 1988 directed the United States General Accounting Office (GAO) to study and report on the various efforts available to prevent people from becoming homeless. Six federal programs provide funds that could be used to supplement state and local homeless prevention efforts. While GAO recognizes the need for long-term solutions to the problem of homelessness, such as affordable housing, education, and the job training, this report focuses on short-term assistance at the federal, state, and local levels aimed at helping people threatened with becoming homeless.

Available From: U.S. General Accounting Office, 441 G Street, NW, Washington, DC 20548, (202) 512-6000, www.gao.gov/. (Order #RCED-90-89).

Homeless Prevention

Order #: 7484

Authors: Valencia, E., Susser, E., Torres, J., Felix, A., Conover, S.

Title: **Critical Time Intervention for Homeless Mentally Ill Individuals in Transition from Shelter to Community Living.**

Source: In Breakey, W.R. and Thompson, J.W. (eds.), *Mentally Ill and Homeless: Special Programs for Special Needs*. Amsterdam, The Netherlands: Harwood Academic Publishers, 75-94, 1997. (Book Chapter: 20 pages)

Abstract: Critical Time Intervention (CTI) was designed to prevent homelessness among individuals suffering from severe mental illnesses by stabilizing them in the period of transition to living in the community. CTI was tested in a randomized clinical trial between 1990 and 1994 at the Columbia-Presbyterian Mental Health Program for Homeless Individuals at the Fort Washington shelter for men in New York City. Preliminary analysis of the results indicated that the intervention is effective in reducing recurrent homelessness among mentally ill individuals. The authors conclude that if the final results confirm its effectiveness, CTI could be implemented in many programs for mentally ill individuals who are homeless (authors).

Order #: 5832

Authors: Valencia, E., Susser, E., Torres, J., Felix, A., Conover, S.

Title: **Critical Time Intervention Training Handbook: Volumes 1-6.**

Source: New York, NY: Columbia-Presbyterian Mental Health Program for the Homeless, 1996. (Video/Manual: 150 minutes)

Abstract: This manual and video provide a comprehensive overview and training in the Critical Time Intervention (CTI) model. CTI is a transitional model based on the premise that a well-timed intervention can influence the evolution of the relationship between the individual and the people on whom he/she must depend. The handbook consists of six different volumes including: the transcript of the video; Introduction; Support and Assessment Stage; Mediation; Try-Out Stage; and Post Training Assessment Stage. The CTI Mental Health program was established in 1986 in response to the high incidence of homelessness among people with mental illness in New York City. Topics discussed include: stages of CTI; five intervention areas (medication adherence, money management, substance use management, housing related crisis management, and family support management); CTI principles; explanation of the types of assistance; pre-training assessment form; case study examples; service plan; service use program; and a summary of CTI services.

Order #: 13502

Authors: Wertheimer, R.

Title: **Youth Who "Age Out" of Foster Care: Troubled Lives, Troubling Prospects.**

Source: Washington, DC: Child Trends, 2002. (Brief: 8 pages)

Abstract: In this brief, the author charts the trends in foster care, racial and ethnic disparities among the foster care population and characteristics of children in and leaving the system. This research brief also offers program and policy options for reducing the number of children in foster care and supporting youth of all ages (authors)

Available From: Child Trends, 4301 Connecticut Avenue, NW Suite 100, Washington, DC 20008, (202) 362-5580, www.childtrends.org.

Homeless Prevention

Order #: 13227

Authors: Wilder Research Center.

Title: Addressing Homelessness: A Needs Assessment and Plan for the Seven County Metro Area.

Source: Saint Paul, MN: Wilder Research Center, 2003. (Report: 93 pages)

Abstract: This report outlines a region-wide approach to refocus Minnesota's collective problem-solving on an issue that has so far overwhelmed county-based planning and policy: homelessness. The report also outlines statistics and trends related to homelessness in the 7-county Twin Cities metro area. Topics discussed include facilitating the coordination of county policies; strengthening and coordinating existing Continuum of Care planning; promoting funding alignment and setting and monitoring region-wide goals. In terms of needs assessment, the authors discuss economic context and county policies, the needs of people experiencing homelessness and capacity and planning. The authors recommend the creation of a regional "Committee to End Homelessness" (authors).

Available From: Wilder Research Center, 1295 Bandana Boulevard North, Suite 210, St. Paul, MN 55108, (651) 647-4600, www.wilder.org/research/reports/pdf/Addresshomeless3-03.pdf.

Order #: 12793

Authors: Williams, F., Dennis, D.

Title: Preventing Chronic Homelessness: Effective Approaches Emphasize Flexibility.

Source: Delmar, NY: National Resource Center on Homelessness and Mental Illness, 2002. (Newsletter: 8 pages)

Abstract: This decade is experiencing a renewed focus on preventing and ending chronic homelessness among people who have mental illnesses and co-occurring substance use disorders. This has led to an increased emphasis on implementing evidence-based and promising practices. Providing intensive supports to connect people with services that meet their treatment, housing, and other support needs has long been known to be a key step toward achieving community tenure and stability. This is particularly true when people are transitioning from shelters, the streets, jails, or hospitals to community living (authors).

Available From: National Resource Center on Homelessness and Mental Illness, 345 Delaware Avenue, Delmar, NY 12054, (800) 444-7415, nrc@prainc.com, www.nrchmi.com/pdfs/jul02web.pdf

Order #: 11625

Authors: Williams, V.F., Banks, S.M., Robbins, P.C., Oakley, D., Dean, J.

Title: Final Report on the Cross-Site Evaluation of the Collaborative Program to Prevent Homelessness.

Source: Delmar, NY: Policy Research Associates, 2001. (Report: 202 pages)

Abstract: This report focuses on cross-site evaluation in terms of the cross-site data collection and analysis efforts of the Collaborative Program to Prevent Homelessness (CPPH), an initiative designed to document and evaluate effective homelessness prevention strategies for adults who are formerly homeless or at risk for becoming homeless. The purpose of this report is to describe both the process used for developing the shared methods and measures that comprise the cross-site portion of the program and to summarize the key findings. It is organized into four chapters. Chapter I Provides an overview of the interventions that made up the CPPH, the evolving CMHS/CSAT approach to cross-site evaluations and the organizational structure of the cross-site initiative. Chapter II describes the cross-site methods including the evaluation design, similarities, and differences among the interventions, key outcome domains, instrument development, data collection, and management procedures, as well as the development and application of the cross-site analytic framework. Chapter III describes the key findings and Chapter IV discusses their significance and limitations, as well as recommendations and lessons learned (authors).

Available From: Policy Research Associates, 345 Delaware Avenue, Delmar, NY 12054, (800) 444-7415, www.prainc.com.

Authors: Wong, Y.I., Culhane, D.P., Kuhn, R.

Title: Predictors of Exit and Re-Entry Among Family Shelter Users in New York City.

Source: Social Service Review 71(3): 441-462, 1997. (Journal Article: 36 pages)

Abstract: This study explores the process of exit from and re-entry to public family shelters for homeless families in New York City. Based on eight years of administrative data on public shelter utilization among homeless families from New York City, the study identified the effects of demographic, family structure, reason for homelessness, and time-related variables for different types of shelter discharge and shelter re-entry. The study specifically explored the significance of type of housing placement as a predictor variable for shelter re-entry. Findings indicated that various demographic and family structure attributes are linked with shelter exit and re-entry, including race/ethnicity, family size, age of family head, pregnancy status, and public assistance reciprocity status. Findings also indicated that procurement of subsidized housing is associated with substantially lower probability of shelter readmission. Policy implications of these findings and future direction for research on the dynamics of family homelessness are discussed (authors).

Authors: Zlotnick, C., Tam, T., Robertson, M.

Title: Disaffiliation, Substance Use, and Exiting Homelessness.

Source: Substance Use and Misuse 38(3-6): 577-599, 2003. (Journal Article: 22 pages)

Abstract: This study tested whether social affiliation was associated with exits from homelessness for a county-wide probability sample of 397 homeless adults who were followed over a 15-month period culminating in 1992. For the total sample, support from family or friends and service use were related to an increased likelihood of exiting from homelessness. Surprisingly, exits from homelessness were associated with social affiliation (i.e., support from family/friends and services use) only among homeless adults who did not have current substance-use disorders. This relationship did not hold for those with current substance-use disorders. Findings suggest that homeless adults without current substance-use disorders may be better able to engage services and support from family/friends to exit homelessness than homeless adults who have current substance-use disorders. Perhaps service providers who are targeting homeless adults with substance-use disorders and want to help them exit homelessness need to emphasize initiating substance-use treatment before addressing other issues (author).